2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2005
Secretary of State

DOCUMENT# P03000147134

Entity Name: SAVAGE INTELLIGENT TECHNOLOGIES, INC

Current Principal Place of Business:

4002 W WATERS AVE STE 7
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4002 W WATERS AVE STE 7
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-0451429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILHELM, LYNN C
4002 W WATERS AVE STE 7
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

HINES, DONALD
4002 W WATERS AVE STE 7
TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONALD HINES 10/18/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILHELM, LYNN C
Address: 4002 W WATERS AVE STE 7
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete
Name: HINES, MARIA E
Address: 4002 W WATERS AVE STE 7
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete
Name: HIMES, DONALD
Address: 4002 W WATERS AVE STE 7
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete
Name: WILHELM, RUSS
Address: 4002 W WATERS AVE STE 7
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HINES, DONALD
Address: 4002 W WATERS AVE STE 7
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD HINES P 10/18/2005
Electronic Signature of Signing Officer or Director Date