


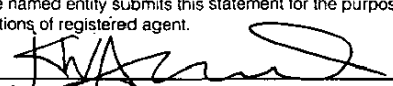
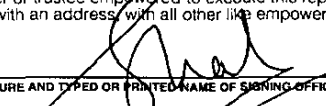
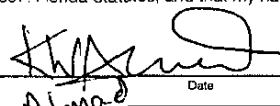
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90222 028 ***150.00

20043220



DOCUMENT # P04000021404			
1. Entity Name SAVE A TON INC.			
Principal Place of Business 703 JEFFERSON ST PERRY, FL 32347		Mailing Address 413 12TH STREET HAINES CITY, FL 33844	
2. Principal Place of Business 2258 HWY 48 WEST		3. Mailing Address "	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BUSHNELL FL		City & State	
Zip 33513	Country SUMTER	Zip	Country
6. Name and Address of Current Registered Agent SHAIKH, SALEEM S 413 12TH STREET HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name AHMED KHANDOKER Street Address (P.O. Box Number is Not Acceptable) 200 JUMPER DR. SOUTH H2 City BUSHNELL FL Zip Code 33513	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAHAB, SALEEM S <i>Resigned</i> <input checked="" type="checkbox"/> Delete 413 12TH STREET HAINES CITY, FL 33844 <i>11-17-04</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) AHMED, KHANDOKER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2258 HWY 48 WEST <i>(Pres.)</i> BUSHNELL FL 349 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Off) BADAL RAHMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2984 Commerce Lane <i>officer</i> Kissimmee FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Off) SA SELINA KHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5484 Cinderlane Pkwy <i>officer</i> Orlando FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAJID MUMUK <input type="checkbox"/> Change <input type="checkbox"/> Addition 13732 Ridge Top Rd. Orlando FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date 4-11-05  Ahmed Khandoker	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 329-793-1344	