2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2008 8:00 am Secretary of State **DOCUMENT # P04000086619** 1. Entity Name SAVOIR-VIVRE INC. 05-01-2008 90206 039 ***150.00 Principal Place of Business Mailing Address 2180 SEGOVIA AVE. 2180 SEGOVIA AVE. JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0406626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUHLER, GLORIA H** DO NOT WRITE 2180 SEGOVIA AVE JACKSONVILLE, FL, FL 32217 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTS BUHLER, GLORIA H NAME 2180 SEGOVIA AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE,, FL 32217 IIILE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

ITILE NAME STREET ADDRESS CHY-ST-7IP

FILED