


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90055 009 \*\*\*150.00

<b>DOCUMENT # P06000054020</b> 1. Entity Name <b>SAOIRSE ENTERPRISES INC.</b>																																																																																																																																									
Principal Place of Business <b>110 JACARANDA DRIVE PLANTATION, FL 33324</b>			Mailing Address <b>110 JACARANDA DRIVE 1280 S. Pine Island Rd. PLANTATION, FL 33324</b>																																																																																																																																						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>1280 S. Pine Island Rd</b>  Suite, Apt. #, etc.																																																																																																																																							
City & State City: <b>Plantation, FL</b>		4. FEI Number <b>20-4701126</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
Zip <b>33324</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent <b>GORMAN, JOHN J 110 JACARANDA DRIVE PLANTATION, FL 33324</b>																																																																																																																																									
7. Name and Address of New Registered Agent Name: <b>John J. Gorman</b> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:																																																																																																																																									
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: <u>John Gorman</u> <i>John Gorman</i> <span style="float: right;">2/1/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																							
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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: <u>John Gorman</u> <i>John Gorman</i> <span style="float: right;">2/1/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									