

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061482

FILED
Apr 03, 2007
Secretary of State

Entity Name: SAVAIKO & ASSOCIATES, INC.

Current Principal Place of Business:

P.O.BOX 820056
S FLORIDA, FL 33082

New Principal Place of Business:

BOX 820056
S FLORIDA, FL 33082

Current Mailing Address:

P.O.BOX 820056
S FLORIDA, FL 33082

New Mailing Address:

FEI Number: 20-4807850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREIDMAN, MARC
8634 NW 59TH PL
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAVAIKO, JOHN
Address: P.O.BOX 820056
City-St-Zip: S FLORIDA, FL 33082

Title: D () Delete
Name: SAVAIKO, JOY
Address: P.O.BOX 820056
City-St-Zip: S FLORIDA, FL 33082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SAVAIKO, JOHN
Address: P.O.BOX 820056
City-St-Zip: S FLORIDA, FL 33082

Title: P (X) Change () Addition
Name: SAVAIKO, JOY
Address: P.O.BOX 820056
City-St-Zip: S FLORIDA, FL 33082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN SAVAIKO

VP

04/03/2007

Electronic Signature of Signing Officer or Director

Date