


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90023 033 \*\*\*150.00

<b>DOCUMENT # P07000018531</b>	
1. Entity Name <b>SOAVE RESOURCE GROUP, INC.</b>	

Principal Place of Business <b>87 MARIGOT BAY CIRCLE DESTIN, FL 32550 US</b>	Mailing Address <b>P.O. BOX 6344 MIRAMAR BEACH, FL 32250 US</b>
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2. Principal Place of Business - No P.O. Box # <b>30 Bayou Breeze Ct.</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Santa Rosa Bch, FLA.</b>	City & State
Zip <b>32459</b>	Country <b>USA</b>



04092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>02-0801790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MOODY, ANGELA M 87 MARIGOT BAY CIRCLE DESTIN, FL 32550</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>30 Bayou Breeze Ct.</b> City <b>Santa Rosa Bch</b> FL Zip Code <b>32459</b>	
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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: *Angela Moody* **Angela Moody** 4/5/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOAVE, MARK A 87 MARIGOT BAY CIRCLE DESTIN, FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOODY, ANGELA M 87 MARIGOT BAY CIRCLE DESTIN, FL 32550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark A. Soave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 Bayou Breeze Ct Santa Rosa Bch, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Angela Moody <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 Bayou Breeze Ct Santa Rosa Bch, FL 32459
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Mark A. Soave* **Mark Soave** 4/5/08 850 855-6821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #