2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P07000083517

Entity Name: BUSINESS SAVVY INC.

Current Principal Place of Business:

443 SW BROOKLYN AVE
MADISON, FL 32340

New Principal Place of Business:

546 S.E. OLD COUNTY CAMP RD.
MADISON, FL 32340

Current Mailing Address:

443 SW BROOKLYN AVE
MADISON, FL 32340

New Mailing Address:

546 S.E. OLD COUNTY CAMP RD.
MADISON, FL 32340

FEI Number: 35-2304737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD
443 SW BROOKLYN AVE
MADISON, FL 32340 US

Name and Address of New Registered Agent:

WILLIAMS, EDWARD
546 S.E. OLD COUNTY CAMP RD.
MADISON, FL 32340 US

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: ______________________________ 04/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: WILLIAMS, EDWARD
Address: 443 SW BROOKLYN AVE
City-St-Zip: MADISON, FL 32340

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: WILLIAMS, EDWARD
Address: 546 S.E. OLD COUNTY CAMP RD.
City-St-Zip: MADISON, FL 32340

Title: PDST ( ) Change (X) Addition
Name: WILLIAMS, EDWARD
Address: 546 S.E. OLD COUNTY CAMP RD.
City-St-Zip: MADISON, FL 32340

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Title: PDST ( ) Change (X) Addition
Name: WILLIAMS, EDWARD
Address: 546 S.E. OLD COUNTY CAMP RD.
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD WILLIAMS PDST 04/27/2009
Electronic Signature of Signing Officer or Director — Date