2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099746

1976 OAK WATER DRIVE

JACKSONVILLE, FL 32225

Address:

City-St-Zip:

FILED May 08, 2009 Secretary of State

Entity Na	me: SAVITRIEN	TERPRISES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	WATER DRIVE VILLE, FL 32225	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	WATER DRIVE WILLE, FL 32225	US			
FEI Number	: 26-0862081 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
JANSEN, BRITTA I 1976 OAK WATER DRIVE JACKSONVILLE, FL 32225 US			JANSEN, BRITTA 1976 OAK WATER DR JACKSONVILLE, FL 3:		
	named entity sub e of Florida.	mits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: BRITTA JANSEN				05/08/2009	
	Electronic	Signature of Registered Age	ent	Date	
	, ,	(b), F.S., the corporation did no ust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De JANSEN, BRITTA 1976 OAK WATER JACKSONVILLE, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De JANSEN, BRITTA 1976 OAK WATER JACKSONVILLE, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () De JANSEN, BRITTA 1976 OAK WATER JACKSONVILLE, F	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () De BRITTA, JANSEN	lete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: BRITTA JANSEN DIR 05/08/2009