


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P08000000321 1. Entity Name PHILIP A. SAVILL, PROJECT COORDINATOR, INC. |  |
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FILED

08 SEP 15 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| Principal Place of Business 107 15TH AVE S.E. ST. PETERSBURG, FL 33701 | Mailing Address 107 15TH AVE S.E. ST. PETERSBURG, FL 33701 |
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| 2. Principal Place of Business - No P.O. Box # 107 15th Ave SE | 3. Mailing Address P.O. Box 2839 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

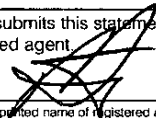
09102008 Chg-P CR2E034 (12/06)

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| City & State ST Petersburg FL | City & State ST Petersburg | 4. FEJ Number 26-185-1958 | Applied For Not Applicable |
|---|--------------------------------------|-------------------------------------|-------------------------------|

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|---------------------|-----------------------|---------------------|-----------------------|--|
| Zip 33701 | Country USA | Zip 33731 | Country USA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SAVILL, PHILIP A 107 15TH AVE S.E. ST. PETERSBURG, FL 33701 | 7. Name and Address of New Registered Agent Name Philip A. Savill Street Address (P.O. Box Number is Not Acceptable) 107 15th Ave SE City St Pete FL Zip Code 33731 |
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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:  DATE: _____

(NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | P SAVILL, PHILIP A | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/18/08--01039--001 **158.75 200136095712 09/18/08--01039--001 **158.75 |
| STREET ADDRESS | 107 15TH AVE S.E. | NAME | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33701 | STREET ADDRESS | |
| | <input type="checkbox"/> Delete | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <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:  DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS