


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P08000000321</b> 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



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)

City & State ST Petersburg FL	City & State ST Petersburg
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4. FEJ Number 26-185-1958	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 33701	Country USA	Zip 33731	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  SAVILL, PHILIP A 107 15TH AVE S.E. ST. PETERSBURG, FL 33701	<b>7. Name and Address of New Registered Agent</b>  Name <u>Philip A. Savill</u> Street Address (P.O. Box Number is Not Acceptable) 107 15th Ave SE  City <u>St Pete</u> <b>FL</b> Zip Code <u>33731</u>
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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)

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P SAVILL, PHILIP A <input type="checkbox"/> Delete
NAME	107 15TH AVE S.E.
STREET ADDRESS	ST. PETERSBURG, FL 33701
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	09/18/08--01039--001 **158.75
STREET ADDRESS	200136095712
CITY-ST-ZIP	09/18/08--01039--001 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**