


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90116 025 ***150.00

DOCUMENT # P95000033055	
1. Entity Name SAVOL OF FLORIDA, INC.	

Principal Place of Business 11360 US HIGHWAY ONE N. PALM BEACH, FL 33408	Mailing Address 11360 US HIGHWAY ONE N. PALM BEACH, FL 33408
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50000702



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

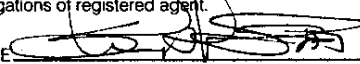
01302006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0627660	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MICHAEL GULOTTY K 11360 US HIGHWAY ONE N. PALM BEACH, FL 33408	

7. Name and Address of New Registered Agent	
Name <u>STEPHEN LOVAS</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>11360 US HWY 1</u>	
City <u>N. PALM BEACH</u>	FL Zip Code <u>33408</u>

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 <u>2/17/06</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -	

FILE NOW! FEE IS \$500.00 After May 1, 2006 Fee will be \$550.00	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVAS, STEPHEN	NAME	
STREET ADDRESS	2283 MARSEILLES DR	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDEN, FL 33410	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVAS, STEPHEN III	NAME	
STREET ADDRESS	116 MANAQUA RD	STREET ADDRESS	
CITY-ST-ZIP	FREEHOLD, NJ 07728	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 <u>2/17/06</u>	DAYTIME PHONE # <u>561-375-9152</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		