

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000040694

1. Entity Name
SAL'S STEP BY STEP, INC.



Principal Place of Business
5586 GALAMBOS ST.
34286, FL 33470

Mailing Address
5586 GALAMBOS ST.
34286, FL 33470

DO NOT WRITE IN THIS SPACE

**FILED
Mar 28, 2007 8:00 am
Secretary of State**

03-28-2007 90005 031 ***150.00

40043094



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0668348	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIRRO, SALVATORE SR
5586 GALAMBOS ST.
NORTH PORT, FL 34286

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. **OFFICERS AND DIRECTORS**

TITLE: ST
NAME: TIRRO, LEEANNE
STREET ADDRESS: 5586 GALAMBOS ST.
CITY-ST-ZIP: NORTH PORT, FL 34286

TITLE: P
NAME: TIRRO, SALVATORE SR
STREET ADDRESS: 5586 GALAMBOS ST.
CITY-ST-ZIP: NORTH PORT, FL 34286

TITLE: V
NAME: TIRRO, SALVATORE J JR
STREET ADDRESS: 4542 ARDALE ST. 5459 Bentgrass DR
CITY-ST-ZIP: SARASOTA, FL 34232 34253

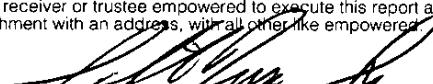
TITLE
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CITY-ST-ZIP

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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-07

Date

Daytime Phone #