## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SAAK'S 5TH AVENUE ENTERPRISES, INC.  05 APR 10 711 9: 20  Principal Place of Business  708 STILES AVE FO BOX 14122 TALLAHASSEE, FL 32303 US  TALLAHASSEE, FL 32317-4122 US  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  13162006 Chg-P CR2E034 (11/05)  City & State  Country  TALLAHASSEE, FL 32303  Average Address of Status Desired  6. Name and Address of Current Registered Agent  TAYLOR, SAAK 708 STILES AVE TALLAHASSEE, FL 32303  FL Zip Country  Street Address PD Box Number is Not Appendix Agenty and Address PD Box Number is Not Appendix  Street Address PD Box Number is Not Appendix  FL Zip Cates PD Box Number is Not Appendix  Cent TALLAHASSEE		MENT # S90029				A			,					
Abdition Address Procept Place of Business Po Box 1182 Procept Place of Business Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Cry & State C	1. Entity Name SAAK'S 5TH AVENUE ENTERPRISES, INC.						FILEL							
Absiling Address POBOX 1182 EX TALLAHASSEE, FL 32303 US POBOX 1182 EX TALLAHASSEE, FL 32303 US Suite, Apt. F, etc. Suite, Apt.								06	APR	10	74 O S	)n		
TALLAHASSEE, FL 32303 US  TALLAHASSEE, FL 32317-4122 US  2. Principal Place of Business  Suits, Apt. R. etc.  Suits, Apt. R. etc.  Suits, Apt. R. etc.  Suits, Apt. R. etc.  City & State  City & Stat	Principal Place of Business Mailing Address							~ .		Ŭ	/n. U Z	.0		
2. Principal Place of Business  Sulfi, Apt. 4, etc.  Sulfi, Apt. 4, etc.	708 STILES AVE PO BOX 141			14122				i i			* 7.7	•		
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   City A State   City A	INCOMINAGE	17-412	.2 03		1 (8 8 H 8 18 H	10 18111 88111 88119 118	18 1911 BI	, 811 87811 8181	ı giril bian piri					
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   City A State   City A	2. Principal P	lace of Business	3. Mailing Address											
City & State    City & State   City & State   City & State   City & State   A FER Number   Sp-3100356   Replication   Recognition   Recognitio	0.71.4.1	<u> </u>	0 (02 4 24 8 24 2				i jenijejn (i	in ikili najii Aniir ita	in inii ni	TI) MIST SIEI	) <b>e</b> tett et <b>e</b> tt etet	ivat ii isei		
Sp. 3100358   Not Applicable   Sp. 3100358   Not Applicable   Sp. 3100358   Not Applicable   Sp. 32174 122   Sp. 12174 122	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03162006	Chg-P		CR2E03	34 (11/05)			
E. Name and Address of Current Registered Agent  7. Name and Address of Status Desired.  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name  8. The above rigand only agents the Justice of Fire Carrent Registered Agent of Name  8. The above rigand only agents the Justice of Fire Carrent Registered Agent of Name  8. The above rigand only agents the Justice of Fire Carrent Registered Agent of Name  8. The above rigand only agents the Justice of Fire Carrent Registered Agent of Name  8. The above rigand only agents the Justice of Fire Carrent Registered Agent of Name  8. The above rigand only agents the Justice of Fire Carrent Registered Agent Vision Agent Registered Agent  8. The above rigand only agents the Justice of Fire Carrent Registered Agent Vision Agent Registered Agent  8. The above rigand only agents the Justice of Fire Carrent Registered Agent Vision Agent Registered Agent  8. The above rigand of Name Registered Agent  8. The above rigand of Name Registered Agent  8. The Address of registered Agent Vision Agent Registered Agent  8. The Address of registered Agent Vision Agent Registered Agent  8. The Address of Register Agent Agent Registered Registered Agent Registered	City & Stat	e	City & State								<u> </u>	·		
6. Name and Address of New Registered Agent  TAYLOR, SAAK TORS STILES AVE TALLAHASSEE, FL 32303  8. The above regest entity be this true Justicement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the adoption of registering price of the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the adoption of registering price and late 4 substants.  SIGNATURE:  PL. Zappanburg  Signature type or price of price or registered agent, or both, in the State of Florida. I am familiar with, and accept the adoption of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and late 4 substants.  In CITE Registering Agent application of registering price and application of registering agent and late 4 substants.  In CITE Registering agent application of registering price and applic	Zip	Country	Zip	try					\$8.75 Additional					
TAYLOR, SAAK 708 STILES AVE TALLAHASSEE, FL 32303  8. The above agend entity burden are fusionment for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda. Tem familiar with, and accept me obligatories of registered agent, or both, in the State of Fiorda. Tem familiar with, and accept me obligatories of registered agent agent agent and accept me obligatories of registered agent agen		6. Name and Address of Current Registered Agent					7. Name and	d Address of No	w Reg		•			
STRET ADDRESS CITY-ST-2P  TALLAHASSEE, FL 323174122  TALLAHASSEE, FL 323174	TAVIOR	GVVK	Name											
Entraction Science   Supplementation   Supplement   Suppl	708 STILE	708 STILES AVE					Street Address IR O. Box Number is Not Acceptable) /							
B. The above appetd entity shopfins this platement fof the purpose of changing its registered agent, or both, in the State of Foorda. I am familiar with, and accept the deligible for or registering shopfing.    SIGNATURE	TALLAHASSEE, FL 32303													
B. The above appetd entity shopfins this platement fof the purpose of changing its registered agent, or both, in the State of Foorda. I am familiar with, and accept the deligible for or registering shopfing.    SIGNATURE					CHY TALL	A	HA3517	 		FL	Zip Cod	308		
SIGNATURE  Sylaware typed or primed offer of regements agent and late A spokulate. (NOTE: Regement Agent agreed a spokulate required a spokulate regement agent and received a spokulate. (NOTE: Regement Agent agreed a spokulate required a spokulate regement agent and received a spokulate. (NOTE: Regement Agent agreed a spokulate received and spok	8. The above named entity subfitts 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													
Superior property of the request of septement of septem	3/11/06													
Trust Fund Contribution.   Added to Fees														
Trust Fund Contribution.   Added to Fees	S. Election Campaign Financing \$5.00 Marsh													
INTE   P	After M	by 1, 2006 Fee will be \$550.0				\dde	ed to Fees							
TAYLOR, SAAK SINET ADDRESS OLTY-ST-2P  TALLAHASSEE, FL 323174122  TITLE  VP  TAYLOR, SAAK SINET ADDRESS OLTY-ST-2P  TALLAHASSEE, FL 323174122  TITLE  VP  TALLAHASSEE, FL 323174122  TITLE  TAYLOR, SAAK SINET ADDRESS OLTY-ST-2P  TALLAHASSEE, FL 323174122  TITLE  TAYLOR, SAAK SINET ADDRESS OLTY-ST-2P  TALLAHASSEE, FL 323174122  TITLE  TAYLOR, SAAK SINET ADDRESS OLTY-ST-2P  TALLAHASSEE, FL 323174122  TITLE  TITLE  TAYLOR, SAAK SINET ADDRESS OLTY-ST-2P  TITLE  TITL				11.			ADDITIONS	/CHANGES TO	OFFIC	ERS AND	DIRECTORS	S IN 11		
SIRET ADDRESS CITY-ST-JP TALLAHASSEE, FL 323174122  SIRET ADDRESS CITY-ST-JP TILE MAKE SIRET ADDRESS CITY-ST-JP  SIRET ADDRESS CITY-ST-JP  SIRET ADDRESS CITY-ST-JP  TILE MAKE SIRET ADDRESS CITY-ST-JP  TILE		l '			i i						☐ Change	☐ Addition		
TITLE VP OBOX 14122 TAYLOR, SAAK PO BOX 14122 TITLE ST OBERT ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR, SAAK PO BOX 14122 TITLE TAYLOR, SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR, SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR, SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR, SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 TITLE TAYLOR SAAK SIMET ADDRESS ORY-ST-2P TALLAHASSEE, FL 323174122 T	1													
NAME SINET MORES CITY-ST-2P TALLAHASSEE, FL 323174122  TITLE TAYLOR, SAAX PO BOX 14122 CITY-ST-2P TITLE TAYLOR, SAAX PO BOX 14122 CITY-ST-2P TITLE TAYLOR, SAAX PO BOX 14122 CITY-ST-2P TALLAHASSEE, FL 323174122  TITLE TAYLOR, SAAX PO BOX 14122 CITY-ST-2P TALLAHASSEE, FL 323174122  TITLE TAYLOR, SAAX PO BOX 14122 CITY-ST-2P TALLAHASSEE, FL 323174122  TITLE TAYLORES CITY-ST-2P TALLAHASSEE, FL 323174122  TALLAHASSEE, FL 323174122  TITLE TAYLORES CITY-ST-2P TALLAHASSEE, FL 323174122  TALLAHASSEE, FL 323174122  TITLE TAYLORES CITY-ST-2P TALLAHASSEE, FL 323174122  TALLAHASSEE, FL 323174122  TALLAHASSEE, FL 323174122  TITLE TAYLORES CITY-ST-2P TALLAHASSEE, FL 323174122  TALLAHASSEE, FL 32317				+-							Change	☐ Addition		
CITY-ST-2P TALLAHASSEE, FL 323174122  CITY-ST-2P TITLE TAYLOR, SAAK PO BOX 14122 CITY-ST-2P TALLAHASSEE, FL 323174122  CITY-ST-2P TALLAHASSEE, FL 323174122  CITY-ST-2P TALLAHASSEE, FL 323174122  CITY-ST-2P TALLAHASSEE, FL 323174122  CITY-ST-2P TITLE MAKE STRET ADDRESS CITY-ST-2P  TITLE MAKE STRET ADDRESS CITY-ST-2P T	NAME	TAYLOR, SAAK	YLOR, SAAK		E						C. Grange			
TINE TAYLOR, SAAK SIRET ADDRESS PO BOX 14122 TALLAHASSEE, FL 323174122  Delete  INTE NAME SIRET ADDRESS CITY-ST-2P  TO Delete  INTE NAME SIRET ADDRESS CITY-ST-2P  TILE NAME S		B			1									
SIRET ADDRESS PO BOX 14122  SIRET ADDRESS GITY-SI-JIP GIA/28/0601029022 **150.00  INLE GITY-SI-JIP GIA/28/0601029022 **150.00	DILE			TITLE	E						Change	Addition		
CITY-SI-ZIP TALLAHASSEE, FL 323174122  CITY-SI-ZIP 04/28/06-01029-022 **150.00  INLE NAME SIREET ADDRESS CITY-SI-ZIP 021-029-022 **150.00  CIT		·					A. 1	יבטטט.	קר	1 -1 -	ina			
INTLE NAME SIRRET ADDRESS CITY-ST-ZIP  INLE NAME SIRRET ADDRESS CITY-ST-ZIP  Change Addition Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS CITY-ST-ZIP  INLE NAME SIRRET ADDRESS CITY-ST-ZIP  Change Change Addition  Addi		<b>I</b>					04/2	8/060i(	_ 129-	-022	**150	.nn		
STREET ADDRESS CITY-ST-ZIP  TITLE 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 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 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 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 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 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 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 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 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 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 supplied wit	i		Delete		1						☐ Change			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Delete  TITLE 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 of 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 of 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 of supplied with this 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 receive for 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:  3/6/06  (850/33/1-595/1	i				- 1									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information sumplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier chall-inport 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 receipe for inustee empowered to execute this report as required by Chapter 807, 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:  3/6/06  (850/33/-595/		****	П	-	<del></del>						[] (h	- Addison		
CITY-ST-ZIP  TITLE  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 supplied with the information of the corporation or the receive for trustee empowered to execute this report as required by Chapter 807, 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:  2. CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHAPTER  CHARGE  Addition  Additio	)		1_1 Delete								☐ change	L Aggillon		
ITILE 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 of supplied with the information of the corporation or the receive for 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:    Delete   TRLE   NAME   STREET ADDRESS   CITY-ST-ZIP   The exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 receive for 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 chapter 119, Florida Statutes as if made under oath; that I am an officer or director of the corporation or the receive for trustee empowered.	1													
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 supplier ental-information of the corporation or the receive for trustee empowered to execute this report as required by Chapter 807, 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			Delete	-	-						☐ Change	☐ Addition		
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 of supplier shall short 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 for 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:  3/16/06  (850)33/-5951			/)		I .	$\overline{}$	١,, ١	12/21	А					
SIGNATURE: / / JOET / NO 3/16/06 (850)32/-5951	CITY-ST-ZIP	L (		CITY	-ST-ZIP	4	, 41	14104	<i>y</i>					
SIGNATURE: / / JOET / NO 3/16/06 (850)32/-5951	12. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for true and accurate and that m	r the exe	emptions contai ture shall have t	ned he s	l in Chapter 11 same legal effe	9, Florida Statut ct as if made un	es. I fu der oal	rther certi	fy that the ir m an officer	nformation or director		
SIGNATURE: SIGNATURE AND TYPED ON PROVIDED NAME OF BIGNING OFFICER OR DIRECTOR 3/16/06 (850)33/-5951	of the cor changed	rporation or the receiver by trustee empo , or on an attachment with an address, t	owered to execute this report in with all other like empowered.	as requi	red by Chapter	607	, Florida Statut	es; and that my	name a	ippears in	Block 10 or	Block 11 if		
SIGNATURE AND TYPED ON PROVIDED NAME OF BIGNING OFFICER OR DIRECTOR Date Dayline Phone #	SIGNAT	URE: / / / 1 1000 7	8e-				3	/16/06		1850	)32/-	5951		
		SIGNATURE AND TYPED ON F	PONTED NAME OF BIGNING OFFICER	or direct	TOR			Date		Da	sytume Phone #			