

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064387

Entity Name: SAAKEY INC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

24718 STATE ROAD 54
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

24718 STATE ROAD 54
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3726795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RAHUL
4518 CHEVAL BLVD.
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

PATEL, RAHUL
24718 STATE ROAD 54
LUTZ, FL 33559 US

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.

SIGNATURE: _____ 01/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, NAYANABEN
Address: 4518 CHEVAL BLVD
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: PATEL, RAHUL
Address: 4518 CHEVAL BLVD
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PATEL, NAYANABEN
Address: 24718 STATE RD 54
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Change () Addition
Name: PATEL, RAHUL
Address: 24178 STATE RD 54
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAYANABEN R PATEL P 01/21/2009
Electronic Signature of Signing Officer or Director Date