## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2007 08:00 A Secretary of State DOCUMENT # P03000136196 SAARI CONSTRUCTION, INC. Principal Place of Business Mailing Address 6804 TRADEWIND WAY 6804 TRADEWIND WAY LANTANA, FL. 33462 LANTANA, FL 33462 03132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2133183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAARI, MAURI DO NOT WRITE 6804 TRADEWIND WAY LANTANA, FL 33462 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SAARI, MAURI NAME 6804 TRADEWIND WAY STREET AUDRESS CITY ST-ZIP LANTANA, FL 33462 U00000670539 04/03/07-80002-011 150.00 HILF NAME STREET ADDRESS CITY-SI-ZIP HILL NAME STREET ADDRESS DO NOT WRITE CHY ST ZIP 11111 IN THIS SPACE DAM STREET ADDRESS CITY - ST - ZIP

12. Thereby 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 ordicated on this report or supplemental report is fine 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:

ODE HAME STREET ADDRESS CITY ST ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**