# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # H62994

1. Entity Name
TORQUE MASTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3100 CAMP RD.<br>OVIEDO, FL 32765 US | 3100 CAMP RD.<br>OVIEDO, FL 32765 US |

02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2595239
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, MARK P ESQ.
222 W.C COMSTOCK AVE., SUITE 210
WINTER PARK, FL 32789

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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
Signature of new registered agent, if changed, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | HALLER, JULIAN K. |
| STREET ADDRESS | 4004 ANCHOR WAY |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | V |
| NAME | HALLER, MICHAEL |
| STREET ADDRESS | 3100 CAMP RD. |
| CITY-ST-ZIP | OVIEDO, FL 32765 |
| TITLE | ST |
| NAME | HALLER, VIVIANE |
| STREET ADDRESS | 4004 ANCHOR WAY |
| CITY-ST-ZIP | ORLANDO, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/10/08-80067-001 150.00

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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 — Date — Daytime Phone #