

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002249

FILED
Mar 03, 2009
Secretary of State

Entity Name: SUPPORT OUR TROOPS, INC.

Current Principal Place of Business:

595 W. GRANADA BLVD., STE. J
ORMOND BEACH, FL 32174

New Principal Place of Business:

595 W. GRANADA BLVD.
SUITE J
ORMOND BEACH, FL 32174

Current Mailing Address:

P. O. BOX 70
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 33-1112829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANANIA, JOSEPH V.
Address: 280 MELROSE AVE.
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: ERICKSON, MARK CPA
Address: 14901 WHITE MAGNOLIA CT.
City-St-Zip: ORLANDO, FL 32824

Title: D/P () Delete
Name: BOIRE, MARTIN C.
Address: 595 W. GRANADA BLVD., STE. J
City-St-Zip: ORMOND BEACH, FL 32174

Title: DVP () Delete
Name: JONAS, BRUCE ESQ.
Address: 16017 NORTH FLORIDA AVE, STE, 125
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN BOIRE

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date