

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025005

FILED  
Mar 10, 2008  
Secretary of State

Entity Name: HUSTRULID TECHNOLOGIES INCORPORATED

**Current Principal Place of Business:**

23751 OLD PORT ROAD  
#203  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 368227  
BONITA SPRINGS, FL 34136 82

**New Mailing Address:**

8345 NW 66TH STREET  
#5277  
MIAMI, FL 33166

FEI Number: 20-2349233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUSTRULID, JAN-ERIK  
23751 OLD PORT ROAD  
#203  
BONITA SPRINGS, FL 34135 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUSTRULID, GINGER  
Address: 23751 OLD PORT ROAD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V ( ) Delete  
Name: HUSTRULID, ANDREW  
Address: 23751 OLD PORT ROAD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: HUSTRULID, ANDREW  
Address: 23751 OLD PORT ROAD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: HUSTRULID, ANDREW  
Address: 23751 OLD PORT ROAD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: HUSTRULID, GINGER  
Address: 23751 OLD PORT ROAD #203  
City-St-Zip: BONITA SPRINGS, FL 34135

**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:

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

SIGNATURE: GINGER L. HUSTRULID

P

03/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date