

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063424

FILED  
Mar 22, 2012  
Secretary of State

Entity Name: SOAR HUMAN DEVELOPMENT TOOLS, INC

**Current Principal Place of Business:**

5950 LAKEHURST DR  
SUITE 221  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5950 LAKEHURST DR  
SUITE 221  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PORTIGLIATTI, ANTHONY  
8137 VIA ROSA  
ORLANDO, FL 32836 US

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

PORTIGLIATTI, ANTHONY  
8812 ELLIOTT'S COURT  
ORLANDO, FL 32836 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: ANTHONY PORTIGLIATTI

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PORTIGLIATTI, ANTHONY  
Address: 8812 ELLIOTT'S COURT  
City-St-Zip: ORLANDO, FL 32836 US

Title: VP  
Name: PORTIGLIATTI, STEFANO  
Address: 8812 ELLIOTT'S COURT  
City-St-Zip: ORLANDO, FL 32836 US

Title: T  
Name: PORTIGLIATTI, FERNANDA  
Address: 8812 ELLIOTT'S COURT  
City-St-Zip: ORLANDO, FL 32836 US

Title: S  
Name: PORTIGLIATTI, BRUNO DI  
Address: 8812 ELLIOTT'S COURT  
City-St-Zip: ORLANDO, FL 32836 US

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY PORTIGLIATTI

P

03/22/2012

Electronic Signature of Signing Officer or Director

Date