

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000063424

**Entity Name:** SOAR HUMAN DEVELOPMENT TOOLS, INC

**Current Principal Place of Business:**

5950 LAKEHURST DR  
SUITE 221  
ORLANDO, FL 32819

**Current Mailing Address:**

5950 LAKEHURST DR  
SUITE 221  
ORLANDO, FL 32819 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PORTIGLIATTI, ANTHONY  
8812 ELLIOTTS 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PORTIGLIATTI, ANTHONY  
Address 8812 ELLIOTTS COURT  
City-State-Zip: ORLANDO FL 32836

Title VP  
Name PORTIGLIATTI, STEFANO  
Address 8812 ELLIOTTS COURT  
City-State-Zip: ORLANDO FL 32836

Title T  
Name PORTIGLIATTI, FERNANDA  
Address 8812 ELLIOTTS COURT  
City-State-Zip: ORLANDO FL 32836

Title S  
Name PORTIGLIATTI, BRUNO DI  
Address 8812 ELLIOTTS COURT  
City-State-Zip: ORLANDO FL 32836

*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**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date