

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005491

**Entity Name:** DISASTER RENTALS, INC.

**Current Principal Place of Business:**

9710 TRAVILLE GATEWAY DR #115  
ROCKVILLE, MD 20850

**Current Mailing Address:**

9710 TRAVILLE GATEWAY DR #115  
ROCKVILLE, MD 20850

**FEI Number:** 20-3284546

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 BERGMAN, RONALD  
Address 5706 FREDERICK AVE  
City-State-Zip: ROCKVILLE MD 20852-1866

Title V  
Name BERGMAN, SAMUEL J  
Address 5706 FREDERICK AVE  
City-State-Zip: ROCKVILLE MD 20852-1866

Title S  
Name FUTROVSKY, MARK E  
Address 5706 FREDERICK AVE  
City-State-Zip: ROCKVILLE MD 20852-1866

Title T  
Name BERGMAN, AMANDA G  
Address 9710 TRAVILLE GATEWAY DR #115  
City-State-Zip: ROCKVILLE MD 20850

*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:** AMANDA BERGMAN

**TREASURER**

**04/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date