

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 446047

**FILED**  
**May 18, 2007**  
**Secretary of State****Entity Name:** TRI-SURE CORPORATION**Current Principal Place of Business:**2024 ARIANA BLVD  
P O BOX 653  
AUBURNDALE, FL 33823 US**New Principal Place of Business:**709 PINE ROAD  
AUBURNDALE, FL 33823 US**Current Mailing Address:**POST OFFICE BOX 653  
P O BOX 653  
AUBURNDALE, FL 33823 US**New Mailing Address:**POST OFFICE BOX 653  
AUBURNDALE, FL 33823 US**FEI Number:** 59-1498145**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JAMES H. CHAMBERS  
2024 ARIANA BLVD  
AUBURNDALE, FL 33823 US**Name and Address of New Registered Agent:**CHAMBERS, JAMES H  
2024 ARIANA BLVD  
AUBURNDALE, FL 33823 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: JAMES H. CHAMBERS

05/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHAMBERS, (JAMES H.),  
Address: 2024 ARIANA BLVD  
City-St-Zip: AUBURNDALE, FL

Title: STD ( ) Delete  
Name: CHAMBERS, (GLENDA M., )  
Address: 2024 ARIANA BLVD  
City-St-Zip: AUBURNDALE, FL

Title: V ( ) Delete  
Name: CHAMBERS, JASON T  
Address: PO BOX 231  
City-St-Zip: AUBURNDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHAMBERS, JASON T  
Address: P. O. BOX 231  
City-St-Zip: AUBURNDALE, FL 33823 US

Title: STD (X) Change ( ) Addition  
Name: CHAMBERS, GLENDA M  
Address: 2024 LAKE ARIANA BLVD  
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change ( ) Addition  
Name: CHAMBERS, JAMES H  
Address: 2024 LAKE ARIANA BLVD.  
City-St-Zip: AUBURNDALE, FL 33823

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: GLENDA M. CHAMBERS

ST

05/18/2007

Electronic Signature of Signing Officer or Director

Date