2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F02000006229

Entity Name: 4SURE.COM, INC.

Current Principal Place of Business:

6 CAMBRIDGE DR.
TRUMBULL, CT 06611

New Principal Place of Business:

Current Mailing Address:

C/O OFFICE DEPOT
PO BOX 5029
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 06-1520614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: C ( ) Delete
Name: ODLAND, STEVE
Address: 2200 OLD GERMANTOWN RD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: DP ( ) Delete
Name: MARTIN, BRUCE
Address: 6 CAMBRIDGE DR.
City-St-Zip: TRUMBULL, CT 06611

Title: DVP ( ) Delete
Name: FANNIN, DAVID
Address: 2200 OLD GERMANTOWN RD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: S ( ) Delete
Name: DAN, BRIAN
Address: 2200 OLD GERMANTOWN RD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: SVP (X) Delete
Name: AIKEN, JEFFREY
Address: 2200 OLD GERMANTOWN RD.
City-St-Zip: DELRAY BEACH, FL 33445

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: VP (X) Change ( ) Addition
Name: JAMES, GRADY
Address: 2200 OLD GERMANTOWN RD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES GRADY VP 04/28/2006

Electronic Signature of Signing Officer or Director — Date