

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F05000003310**

1. Entity Name  
**SOAR TECHNOLOGY, INC.**



Principal Place of Business  
**3361 ROUSE ROAD, SUITE 175  
ORLANDO, FL 32817**

Mailing Address  
**3600 GREEN COURT  
600  
ANN ARBOR, MI 48105**



02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3382261</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR, SUITE R  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000907310  
05/05/08-80033-008 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT ROSBE, JAMES R 3364 TACOMA CIRCLE ANN ARBOR, MI 48108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RANDOLPH 44 BURLEIGH ST. WATERVILLE, ME 04901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDING, KATHERINE 2109 SOUTH SEVENTH ST ANN ARBOR, MI 48103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSS, FRANK 9919 LINCOLN DR BRIGHTON, MI 48116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALCOTT, KENT 2309 WEBER DRIVE DEXTER, MI 48130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, JIM 2124 BROCKMAN BLVD. ANN ARBOR, MI 48104

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James A. Price  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 734-327-8000  
Date Daytime Phone #