2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F05000003388

Entity Name: SUREDECISIONS, INC.

Current Principal Place of Business:

2811 WINTERGREEN DRIVE
CAPE GIRARDEAU, MO 637018259

New Principal Place of Business:

Current Mailing Address:

2811 WINTERGREEN DRIVE
CAPE GIRARDEAU, MO 637018259

New Mailing Address:

FEI Number: 43-1967631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSH, RENEE
725 N HWY A1A, SUITE C-211
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

BRUNO, SHANA
725 N HWY A1A, SUITE C-211
JUPITER, FL 33477 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: SHANA BRUNO 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTC ( ) Delete
Name: DUNCAN, LINDON W II
Address: 2811 WINTERGREEN DRIVE
City-St-Zip: CAPE GIRARDEAU, MO 63701

Title: VPVC ( ) Delete
Name: SCHUMER, THOMAS J
Address: 2811 WINTERGREEN DRIVE
City-St-Zip: CAPE GIRARDEAU, MO 63701

Title: S ( ) Delete
Name: SCHUMER, THOMAS J
Address: 2811 WINTERGREEN DRIVE
City-St-Zip: CAPE GIRARDEAU, MO 63701

Title: D ( ) Delete
Name: MARSH, RENEE
Address: 725 N HWY A1A, SUITE C-211
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete
Name: CURINGTON, NORM
Address: 725 N HWY A1A, SUITE C-211
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete
Name: EINCK, MARK
Address: 10604 JUSTIN DRIVE
City-St-Zip: DES MOINES, IA 50322

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

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

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: LINDON W DUNCAN II PTC 04/28/2006
Electronic Signature of Signing Officer or Director Date