

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005491

Entity Name: DISASTER RENTALS, INC.

FILED  
Feb 24, 2011  
Secretary of State

**Current Principal Place of Business:**

9710 TRAVILLE GATEWAY DR #115  
ROCKVILLE, MD 20850

**New Principal Place of Business:**

**Current Mailing Address:**

9710 TRAVILLE GATEWAY DR #115  
ROCKVILLE, MD 20850

**New Mailing Address:**

FEI Number: 20-3284546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERGMAN, RONALD  
Address: 5706 FREDERICK AVE  
City-St-Zip: ROCKVILLE, MD 208521866

Title: V  
Name: BERGMAN, SAMUEL J  
Address: 5706 FREDERICK AVE  
City-St-Zip: ROCKVILLE, MD 208521866

Title: S  
Name: FUTROVSKY, MARK E  
Address: 5706 FREDERICK AVE  
City-St-Zip: ROCKVILLE, MD 208521866

Title: T  
Name: BERGMAN, AMANDA G  
Address: 9710 TRAVILLE GATEWAY DR #115  
City-St-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 G BERGMAN

TREA

02/24/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date