

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001045

Entity Name: SUREFIRE MEDICAL, INC.

FILED
Apr 18, 2012
Secretary of State

Current Principal Place of Business:

8601 TURNPIKE DR SUITE 206
WESTMINISTER, CO 80031

New Principal Place of Business:

Current Mailing Address:

8601 TURNPIKE DR SUITE 206
WESTMINISTER, CO 80031

New Mailing Address:

FEI Number: 27-0629393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURTZ, JARED
12415 SW 136 AVE UNIT 3
MIAMI, FL 33186 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: C
Name: WELDON, NORMAN R
Address: 7026 TIMBERS DR
City-St-Zip: EVERGREEN, CO 80439

Title: D
Name: CASSIDY, KAREN J
Address: 293 PEARL ST
City-St-Zip: BOULDER, CO 80302

Title: D
Name: AREPALLY, ARAVIND
Address: 263 THE PRADO
City-St-Zip: ATLANTA, GA 30309

Title: P
Name: CHOMAS, JAMES E
Address: 8601 TURNPIKE DR SUITE 206
City-St-Zip: WESTMINISTER, CO 80031

Title: S
Name: GERSON, MILES S
Address: 8601 TURNPIKE DR SUITE 206
City-St-Zip: WESTMINISTER, CO 80031

Title: O
Name: HOLBURN, BOB
Address: 8601 TURNPIKE DRIVE, SUITE 206
City-St-Zip: WESTMINSTER, CO 80031

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: MILES GERSON

SECR

04/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date