

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H62994

Entity Name: TORQUE MASTER, INC.

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

3100 CAMP RD.
OVIEDO, FL 32765 US

New Principal Place of Business:

1255 LA QUINTA DRIVE
ORLANDO, FL 32809 US

Current Mailing Address:

3100 CAMP RD.
OVIEDO, FL 32765 US

New Mailing Address:

1255 LA QUINTA DRIVE
ORLANDO, FL 32809 US

FEI Number: 59-2595239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, MARK P ESQ.
222 W.C COMSTOCK AVE., SUITE 210
WINTER PARK, FL 32789 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: P () Delete
Name: HALLER, JULIAN K.,
Address: 4004 ANCHOR WAY
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: HALLER, MICHAEL
Address: 3100 CAMP RD.
City-St-Zip: OVIEDO, FL 32765

Title: ST () Delete
Name: HALLER, VIVIANE,
Address: 4004 ANCHOR WAY
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALLER, JULIAN K.,
Address: 4004 ANCHOR WAY
City-St-Zip: ORLANDO, FL

Title: VD (X) Change () Addition
Name: HALLER, MICHAEL
Address: 1255 LA QUINTA DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: STD (X) Change () Addition
Name: HALLER, VIVIANE,
Address: 4004 ANCHOR WAY
City-St-Zip: ORLANDO, FL

I hereby certify that the information supplied with this filing does not qualify 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: JULIAN K. HALLER

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date