2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008
Secretary of State

DOCUMENT# N06000007588

Entity Name: SOLDIER UPGRADES INC.

Current Principal Place of Business:

1041 CROSSCUT WAY
LONGWOOD, FL 32750 US

New Principal Place of Business:

4044 W. LAKE MARY BLVD., UNIT 104
#114
LAKE MARY, FL 32746 US

Current Mailing Address:

1041 CROSSCUT WAY
LONGWOOD, FL 32750 US

New Mailing Address:

4044 W. LAKE MARY BLVD., UNIT 104
#114
LAKE MARY, FL 32746 US

FEI Number: 20-5231197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, MIA D
1041 CROSSCUT WAY
LONGWOOD, FL 32750 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: PD ( ) Delete
Name: WILLIAMS, DACKORY A
Address: 1041 CROSSCUT WAY
City-St-Zip: LONGWOOD, FL 32750 US

Title: VD ( ) Delete
Name: ANDERSON, ANTHONY
Address: 224 COURTNEY SPRINGS CIR.
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: V ( ) Delete
Name: DIAZ, BETTY
Address: 1041 CROSSCUT WAY
City-St-Zip: LONGWOOD, FL 32750 US

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DACKORY WILLIAMS PD 08/13/2008

Electronic Signature of Signing Officer or Director — Date