

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026189

Entity Name: SURE RESTORATION, INC.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

8122 E. ST. JOHN AVE.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

8122 E. ST. JOHN AVE.
BOYNTON BEACH, FL 33472

Current Mailing Address:

8122 E. ST. JOHN AVE.
BOYNTON BEACH, FL 33437

New Mailing Address:

8122 E. ST. JOHN AVE.
BOYNTON BEACH, FL 33472

FEI Number: 65-0990969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEURING, WILLIAM J
8122 E. ST. JOHN AVE.
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

SCHEURING, WILLIAM J
8122 E. ST. JOHN AVE.
BOYNTON BEACH, FL 33472 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: WILLIAM J SCHEURING

01/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHEURING, WILLIAM J
Address: 8122 E. ST. JOHN AVE.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: KAY, MICHAEL
Address: 8122 E. ST. JOHN AVE.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHEURING, WILLIAM J
Address: 8122 E. ST. JOHN AVE.
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP (X) Change () Addition
Name: KAY, MICHAEL
Address: 8122 E. ST. JOHN AVE.
City-St-Zip: BOYNTON BEACH, FL 33472

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: WILLIAM J SCHEURING

PRES

01/17/2008

Electronic Signature of Signing Officer or Director

Date