


2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000011491 1. Entry Name MORE TORQUE, INC.	
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Principal Place of Business 12483 AFTON COURT FT MYERS, FL 33908	Mailing Address 12483 AFTON COURT FT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1076364	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAILLOUX, SUZANNE M
12483 AFTON COURT
FT MYERS, FL 33908

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, handwritten or electronic filing accepted by the State of Florida. (F0512) Registered Agent Signature Required and Accepted.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D MAILLOUX, KERRY L 12483 AFTON COURT FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY ST ZIP	D MAILLOUX, SUZANNE M 12483 AFTON COURT FT MYERS, FL 33908
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Maillox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR