

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023297

FILED
Mar 20, 2007
Secretary of State

Entity Name: SURE-2-SOAR TECHNOLOGIES, INC.

Current Principal Place of Business:

P.O BOX 1504
JUPITER, FL 33468

New Principal Place of Business:

16000 PORTOFINO CIRCLE
#105
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

P.O BOX 1504
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-1083274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLANTZ, RONALD P ESQ.
7951 SW 6TH STREET
SUITE 100
PLANTATION, FL 33324 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: PTD () Delete
Name: GAYMON, PRESTON W
Address: P.O BOX 1504
City-St-Zip: JUPITER, FL 33468

Title: DVS () Delete
Name: GAYMON, REBEKAH
Address: P.O BOX 1504
City-St-Zip: JUPITER, FL 33468

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PRESTON GAYMON

PTD

03/20/2007

Electronic Signature of Signing Officer or Director

Date