

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039454

Entity Name: TIRESWING SYSTEMS, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

646 RIVERSIDE DR
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

646 RIVERSIDE DR
NEW SMYRNA BCH, FL 32168

New Mailing Address:

FEI Number: 34-1981826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, ALAN REX
646 RIVERSIDE DR
NEW SMYRNA BCH, FL 32168 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: D () Delete
Name: NORRIS, ALAN REX
Address: 646 RIVERSIDE DR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: NOWELL, BARBARA AMY
Address: 646 RIVERSIDE DR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D () Delete
Name: NORRIS, ALAN ANDREW
Address: 3116 W 23RD TERRACE
City-St-Zip: LAWRENCE, KS 66047

Title: D () Delete
Name: KELLER, JEREMY JOSEPH
Address: 3116 W 23RD TERR
City-St-Zip: LAWRENCE, KS 66047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NORRIS, ALAN ANDREW
Address: 114 EAST HIGH STREET
City-St-Zip: BALDWIN CITY, KS 66006

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: BARBARA AMY NOWELL

VP

01/11/2007

Electronic Signature of Signing Officer or Director

Date