2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P04000039454

Entity Name: TIRESWING SYSTEMS, INC.

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: 114 EAST HIGH STREET
City-St-Zip: BALDWIN CITY, KS 66006

Title: D ( ) Delete
Name: KEELER, 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: ( ) 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 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 D 01/07/2008

Electronic Signature of Signing Officer or Director Date