

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073826

Entity Name: SURVIVAL, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

218A E EAU GALLIE BLVD
#2
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

218A E EAU GALLIE BLVD
#2
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

FEI Number: 20-3081221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL, FUSILLO F MRG
218A E EAU GALLIE BLVD
#2
INDIAN HARBOR BEACH, FL 32937 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: MRG () Delete
Name: FUSILLO, PAUL
Address: 218A E EAU GALLIE BLVD # 2
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MRG () Change (X) Addition
Name: BYRCH-FUSILLO, TAMARA
Address: 218A E EAU GALLIE BLVD #2
City-St-Zip: SATELLITE BEACH, FL 32937

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: PAUL F FUSILLO

MRG

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date