


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000043545

1. Entity Name
 SRN HOLDINGS INC.



Principal Place of Business
 700 OAK HEIGHTS CT.
 PORT ORANGE, FL 32127 US

Mailing Address
 700 OAK HEIGHTS CT.
 PORT ORANGE, FL 32127 US

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2549613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOFTALL, SCOTT R
 700 OAK HEIGHTS CT
 PORT ORANGE, FL 32127

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM NOFTALL, S.R. 700 OAK HEIGHTS CT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOFTALL, L.A. 700 OAK HEIGHTS CT PORT ORANGE, FL 32127
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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:  SCOTT NOFTALL 2/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #