


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 039 ***150.00

DOCUMENT # P05000121831 1. Entity Name A SURE BARGAIN INC.			
Principal Place of Business 6134 KITERIDGE DR LITHIA, FL 33547		Mailing Address 6134 KITERIDGE DR LITHIA, FL 33547	
2. Principal Place of Business 6134 Kiteridge Dr. Suite, Apt. #, etc.		3. Mailing Address 6134 Kiteridge Dr. Suite, Apt. #, etc.	
City & State Lithia, FL Zip 33547		City & State Lithia, FL Zip 33547	
Country USA		Country USA	
4. FEI Number 83-0434199		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, SHANNON 6134 KITERIDGE DR LITHIA, FL 33547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P MONTGOMERY, SHANNON	TITLE	P Tootle, Shannon
NAME		NAME	
STREET ADDRESS	6134 KITERIDGE DR	STREET ADDRESS	6134 Kiteridge Dr.
CITY-ST-ZIP	LITHIA, FL 33547	CITY-ST-ZIP	Lithia, FL 33547
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	
NAME	TOOTLE, MARK	NAME	
STREET ADDRESS	6134 KITERIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	LITHIA, FL 33547	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

S. Tootle & Mafe Tark 8/29/06