

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002747

Entity Name: AUTO-SURGE, INC.

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

401 E LAS OLAS BLVD
130-180
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 E LAS OLAS BLVD
130-180
FT LAUDERDALE, FL 33301

New Mailing Address:

4610 E BELLAROSE ST
TALLAHASSEE, FL 32305

FEI Number: 20-4108829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEAD, BENJAMIN
401 E LAS OLAS BLVD
130-180
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

MEAD, BENJAMIN
4610 E BELLAROSE ST
TALLAHASSEE, FL 32305 US

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: BENJMAIN MEAD

08/22/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEAD, BENJAMIN
Address: 76 HENDRICKS ISLE - # 5
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: ROGERS, FRANK ARTHUR
Address: 20 RECREATION STREET
City-St-Zip: KINGSTON BEACH AUSTRALIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEAD, BENJAMIN
Address: 4610 E BELLAROSE ST
City-St-Zip: TALLAHASSEE, FL 32305

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: BENJAMIN MEAD

D

08/22/2007

Electronic Signature of Signing Officer or Director

Date