2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000011273

1. Entity Name
SURETY WARRANTY, INC.

40053293 *(barcode number, unclear)*

01082008   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
9441 WEST SAMPLE ROAD SUITE 206 CORAL SPRINGS, FL 33065	9441 WEST SAMPLE ROAD SUITE 206 CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Same	*Same*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number *20-8329294* ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, ELIOT
9441 WEST SAMPLE ROAD SUITE 206
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name *E Siegel*
Street Address (P.O. Box Number is Not Acceptable) *9441 - Sample Rd*
City *Coral Springs*   FL   Zip Code *33065*

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 *(signed)*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)
DATE *1-8-2008*

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP **NAME** SIEGEL, ELLIOT **STREET ADDRESS** 9441 WEST SAMPLE ROAD SUITE 206 **CITY-ST-ZIP** CORAL SPRINGS, FL 33065	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** *HERMAN Siegel* **STREET ADDRESS** *9441 - Sample Rd* **CITY-ST-ZIP** *Coral Springs FL 33065*	☑ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ 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: *(signed)*   *ELLiot Siegel*   *1-10-2008*   *255-63BB*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #