## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000035164

FILED Jul 07, 2008 Secretary of State

Entity Nai	me: SURVIVA	ABILITY CONSULTANTS, INC			
Current P	rincipal Place	e of Business:	New Principal	New Principal Place of Business:	
	ER STREET FORD, CT 06	492			
Current Mailing Address:			New Mailing A	New Mailing Address:	
	ER STREET FORD, CT 06	492			
FEI Number	: 20-8911181	FEI Number Applied For()	FEI Number Not Applicab	le ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:	
8018 NW	N, GEORGE 128TH LANE ID, FL 330764	902 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its re	egistered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Address: 136	(X) Change () Addition NNENHOFFER, THOMAS P 3 CENTER STREET ALLINGFORD, CT 06492	

Title: () Delete Title: (X) Change ( ) Addition DUNNENHOFFER, DANIEL J DANNENHOFFER, DANIEL J Name: Name: Address: 136 CENTER STREET Address: 136 CENTER STREET WALLINGFORD, CT 06492 City-St-Zip: WALLINGFORD, CT 06492 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: DANIEL J DANNENHOFFER VΡ 07/07/2008