


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90047 028 \*\*\*158.75

<b>DOCUMENT # P07000086801</b> 1. Entity Name <b>STORMRIDER TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>4613 N. UNIVERSITY DRIVE</b> <b>201</b> <b>CORAL SPRINGS, FL 33067 US</b>		Mailing Address <b>4613 N. UNIVERSITY DRIVE</b> <b>201</b> <b>CORAL SPRINGS, FL 33067 US</b>	
2. Principal Place of Business - No P.O. Box # <b>8501 STONEWALL DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8501 STONEWALL DR.</b> Suite, Apt. #, etc.	
City & State <b>VIENNA, VA</b>		City & State <b>VIENNA, VA</b>	
Zip <b>22180</b>		Zip <b>22180</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>36-4614747</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>YOKLEY, EDWARD M</b> <b>4613 N. UNIVERSITY DRIVE</b> <b>201</b> <b>CORAL SPRINGS, FL 33067</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>YOKLEY, EDWARD M</b> <b>4613 N. UNIVERSITY DR, #210</b> <b>CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Edward M. Yokley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/16/2008</u> <u>954-328-3880</u> <small>Date Daytime Phone #</small>	