2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# P08000063424

Entity Name: SOAR HUMAN DEVELOPMENT TOOLS, INC

Current Principal Place of Business:

5950 LAKEHURST DR
SUITE 221
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5950 LAKEHURST DR
SUITE 221
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PORTIGLIATTI, ANTHONY
8137 VIA ROSA
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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: _____

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: P ( ) Delete
Name: PORTIGLIATTI, ANTHONY
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836 US

Title: VP ( ) Delete
Name: PORTIGLIATTI, STEFANO
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836 US

Title: T ( ) Delete
Name: PORTIGLIATTI, FERNANDA
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836 US

Title: S ( ) Delete
Name: PORTIGLIATTI, BRUNO
Address: 8137 VIA ROSA
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANTHONY PORTIGLIATTI P 09/15/2009

Electronic Signature of Signing Officer or Director Date