

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087801

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: REASSURE TECHNOLOGIES INTERNATIONAL, INC.

## Current Principal Place of Business:

822 HIGHWAY A1A NORTH  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

## Current Mailing Address:

822 HIGHWAY A1A NORTH  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

FEI Number: 26-3424955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMENTS, FALLON  
822 HIGHWAY A1A NORTH  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

CLEMENTS, FALLON  
90 FORT WADE ROAD  
PONTE VEDRA, FL 32081 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: \_\_\_\_\_

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: CLEMENTS, FALLON  
Address: 822 HIGHWAY A1A NORTH, SUITE 310  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: CLEMENTS, FALLON  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: P ( ) Change (X) Addition  
Name: FORRER, FRED  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

Title: S ( ) Change (X) Addition  
Name: STOLL, DANIEL  
Address: 90 FORT WADE ROAD  
City-St-Zip: PONTE VEDRA, FL 32081

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: FALLON CLEMENTS

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date