

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087801

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** REASSURE TECHNOLOGIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

**Current Mailing Address:**

90 FORT WADE ROAD  
PONTE VEDRA, FL 32081

**New Mailing Address:**

**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  
90 FORT WADE ROAD  
PONTE VEDRA, FL 32081 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DT  
**Name:** CLEMENTS, FALLON  
**Address:** 90 FORT WADE ROAD  
**City-St-Zip:** PONTE VEDRA, FL 32081

**Title:** S  
**Name:** STOLL, DANIEL  
**Address:** 90 FORT WADE ROAD  
**City-St-Zip:** PONTE VEDRA, FL 32081

**Title:** P  
**Name:** WILLICH, RICHARD  
**Address:** 90 FORT WADE ROAD  
**City-St-Zip:** PONTE VEDRA, FL 32081

I hereby 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 all other like empowered.

**SIGNATURE:** FALLON CLEMENTS

DT

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date