
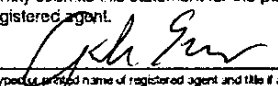
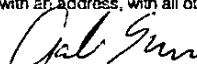


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 019 ***150.00

DOCUMENT # P94000034219					
1. Entity Name SURE TORQUE, INC.					
Principal Place of Business 2532-34 TRAILMATE DR. SARASOTA, FL 34243			Mailing Address 6204 29TH STREET EAST BRADENTON, FL 34203		
2. Principal Place of Business			3. Mailing Address 2532-34 TRAILMATE DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State SARASOTA, FL		
Zip		County	Zip		County
34243			34243		MANATEE
6. Name and Address of Current Registered Agent PEARSON, STEVE 2532-34 TRAIL MATE DR. SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name GABOR SZAKACS Street Address (P.O. Box Number is Not Acceptable) 2532-34 TRAILMATE DR City SARASOTA FL Zip Code 34243		
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:  GABOR SZAKACS 4/28/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANKUTY, ILONA		NAME		
STREET ADDRESS	705 KEY ROYALE DR		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH, FL		CITY - ST - ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BANKUTY, GEZA		NAME		
STREET ADDRESS	705 KEY ROYALE DR		STREET ADDRESS		
CITY - ST - ZIP	HOLMES BEACH, FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  GABOR SZAKACS 4/28/05 941-753-1075 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					