

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062097

Entity Name: SURROGATE PLUS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

5737 OKEECHOBEE BLVD
200
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

5737 OKEECHOBEE
#200
WEST PALM BEACH, FL 33417 US

New Mailing Address:

2825 FARRAGUT LANE
WEST PALM BEACH, FL 33409 US

FEI Number: 65-0770569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASSMAN, JAYNE D PH.D.
2825 FARRAGUT LANE
WEST PALM BEACH, FL 33409 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: DR () Delete
Name: GASSMAN, JAYNE D PHD
Address: 2825 FARRAGUT LANE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JAYNE D. GASSMAN

DR

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date