2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P98000040032

Entity Name: SURECRETE DESIGN PRODUCTS, INC.

Current Principal Place of Business:

15246 CITRUS COUNTRY DRIVE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15246 CITRUS COUNTRY DRIVE
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-3504097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, STEVEN A
15246 CITRUS COUNTRY DRIVE
DADE CITY, FL 33523 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: VP ( ) Delete
Name: LELAND, CHARLES
Address: 4744 TIMBER WAY
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: P ( ) Delete
Name: THOMAS, STEVEN A
Address: 37421 SKYRIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

Title: TR ( ) Delete
Name: MCKEE, FLORENCE L
Address: 5306 SATSUMA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SEC ( ) Delete
Name: MCKEE, FLORENCE L
Address: 5306 SATSUMA DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: THOMAS, JACK J
Address: 1314 RIVERVIEW DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: TR (X) Change ( ) Addition
Name: THOMAS, TERESA M
Address: 37421 SKYRIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

Title: SEC (X) Change ( ) Addition
Name: THOMAS, TERESA M
Address: 37421 SKYRIDGE CIRCLE
City-St-Zip: DADE CITY, FL 33525

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: STEVEN A THOMAS PRES 04/02/2009

Electronic Signature of Signing Officer or Director Date