

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001045

Entity Name: SUREFIRE MEDICAL, INC.

Current Principal Place of Business:

8601 TURNPIKE DRIVE
SUITE 206
WESTMINISTER, CO 80031

Current Mailing Address:

8601 TURNPIKE DRIVE
SUITE 206
WESTMINISTER, CO 80031 US

FEI Number: 27-0629393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DR
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO/PRESIDENT
Name CHOMAS, JAMES
Address 8601 TURNPIKE DRIVE
SUITE 206
City-State-Zip: WESTMINISTER CO 80031

Title CFO
Name HOLBURN, ROBERT
Address 8601 TURNPIKE DRIVE
SUITE 206
City-State-Zip: WESTMINISTER CO 80031

Title CONTROLLER
Name KYLE, RILEY
Address 8601 TURNPIKE DRIVE
SUITE 206
City-State-Zip: WESTMINISTER CO 80031

Title DIRECTOR, CHAIRMAN
Name WELDON, NORMAN
Address 6 OCEAN CLUB DRIVE
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR
Name CASSIDY, KAREN
Address 8601 TURNPIKE DRIVE
SUITE 206
City-State-Zip: WESTMINISTER CO 80031

Title DIRECTOR
Name LUPA, MARK
Address 831 PEARL ST.
City-State-Zip: BOULDER CO 80302

Title DIRECTOR
Name GRAHAM, GINGER
Address 885 ARAPAHOE AVE.
City-State-Zip: BOULDER CO 80302

Title DIRECTOR
Name CHOMAS, JIM
Address 555 HIGH STREET
City-State-Zip: DENVER CO 80218

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: RILEY KYLE

CONTROLLER

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date