

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072838

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: STORM TECH, INC.

## Current Principal Place of Business:

451 PARKLAND AVENUE  
SARASOTA, FL 34232

## New Principal Place of Business:

12809 SHERINGHAM WAY  
SARASOTA, FL 34240

## Current Mailing Address:

451 PARKLAND AVENUE  
SARASOTA, FL 34232

## New Mailing Address:

12809 SHERINGHAM WAY  
SARASOTA, FL 34240

FEI Number: 33-1041877

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIDDENS, LOWELL T JR.  
451 PARKLAND AVENUE  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

GIDDENS, LOWELL T JR.  
12809 SHERINGHAM WAY  
SARASOTA, FL 34240 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

01/19/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIDDENS, LOWELL T JR  
Address: 451 PARKLAND AVE.  
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete  
Name: GIDDENS, TONI  
Address: 451 PARKLAND AVE.  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIDDENS, LOWELL T JR  
Address: 12809 SHERINGHAM WAY  
City-St-Zip: SARASOTA, FL 34240

Title: VP (X) Change ( ) Addition  
Name: GIDDENS, TONI  
Address: 12809 SHERINGHAM WAY  
City-St-Zip: SARASOTA, FL 34240

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: LOWELL T GIDDENS

Electronic Signature of Signing Officer or Director

PRES

01/19/2009

Date