


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90479 031 ***150.00

DOCUMENT # P05000077631
 1. Entity Name
STORM TRAINING FACILITY, INC.



Principal Place of Business Mailing Address
 18180 PERIGON WAY 18180 PERIGON WAY
 JUPITER, FL 33458 JUPITER, FL 33458

50017720



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03052006 Chg-P CR2E034 (11/05)

4. FEI Number **83-0430928** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAME: **FIELDS, GARY D**
 STREET ADDRESS: **ADMIRALTY TOWER - SUITE 900**
4400 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410

NAME: _____
 STREET ADDRESS (P.O. Box Number is Not Acceptable): _____
 CITY: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASPER, JUSTIN G/O C. SMITH 18180 PERIGON WAY JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O K. THOMAS 18481 128TH TRAIL NO JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANSSEN, KELLY G/O C. SMITH 18180 PERIGON WAY JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O K. THOMAS 18481 128TH TRAIL NO JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SMITH, CHELLE 18180 PERIGON WAY JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VSTD KELLI THOMAS 18481 128TH TRAIL NO JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* Date: **4-26-06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR