


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000068107**  
 1. Entity Name  
**STORM SMART BUILDING SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**6182 IDLEWILD ST.**      **6182 IDLEWILD ST.**  
**FORT MYERS, FL 33912 US**      **FORT MYERS, FL 33912 US**

**DO NOT WRITE IN THIS SPACE**



05082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0698091**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIST, BRIAN D**  
**11850 PLANTATION ROAD**  
**FORT MYERS, FL 33912**

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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**  
**Due by September 6, 2006**

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIST, BRIAN
STREET ADDRESS	6182 IDLEWILD STREET
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/22/06-60006-007 150.00

**DO NOT WRITE IN THIS SPACE**

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, will all other like empowered.

SIGNATURE:       5/17/06      239-278-9092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #