2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107643

Entity Name: ON DEMAND HURRICANE SYSTEMS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
10411 HART BRANCH CIR ORLANDO, 32832	11816 EAGLE RAY LN ORLANDO, FL 32827 US

Current Mailing Address:	**New Mailing Address:**
10411 HART BRANCH CIR ORLANDO, FL 32832	11816 EAGLE RAY LN ORLANDO, FL 32827 US

FEI Number: **FEI Number Applied For (X)**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ZECHMEISTER, JOHN B 11816 EAGLE RAY LANE ORLANDO, FL 32827 US	ZECHMEISTER, JOHN B CEO 11816 EAGLE RAY LANE ORLANDO, FL 32827 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: JOHN B ZECHMEISTER   03/27/2007

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	CEO (X) Change ( ) Addition
Name:	KAISER, TONY G	Name:	ZECHMEISTER, JOHN B OWNER
Address:	10411 HART BRANCH CIR	Address:	11816 EAGLE RAY LN
City-St-Zip:	ORLANDO, FL 32832	City-St-Zip:	ORLANDO, FL 32827 US

Title:	MGR (X) Delete	Title:	( ) Change ( ) Addition
Name:	WHITE, TODD G	Name:	
Address:	10411 HART BRANCH CIR	Address:	
City-St-Zip:	ORLANDO, FL 32832	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN B. ZECHMEISTER   CEO   03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date