

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93576

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: HURRICANE DESIGN-BUILD GROUP, INC.

**Current Principal Place of Business:**

1105 KENSINGTON PARK DRIVE  
LOWER REAR  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 161613  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

FEI Number: 59-2918615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, TARA  
713 SANDY CT #376  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

ANDERSON, THOMAS J  
521-101 VIA VERONA LANE  
ALTAMONTE SPRINGS, FL 32714 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: THOMAS J ANDERSON      03/25/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDERSON, THOMAS J  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP ( ) Delete  
Name: ANDERSON, TARA  
Address: 713 SANDY CT #376  
City-St-Zip: ALTAMONTE SPRINGS, FL 32771 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ANDERSON, ROSEMARY  
Address: 521-101 VIA VERONA LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: THOMAS J ANDERSON      PD      03/25/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date