## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008519

Title:

Name:

Address:

City-St-Zip:

FILED Mar 31, 2007 Secretary of State

Entity Nan	ne: HURRICAI	NE WATCH NET, INC.					
Current Pr	incipal Place o	of Business:	New Principal Place of Business:				
10374-178 <sup>-</sup> BOCA RAT	TH CT S ON, FL 33498						
Current Mailing Address:			New Mailing Address:				
10374-178 <sup>-</sup> BOCA RAT	TH CT S ON, FL 33498						
FEI Number: 59-2927599 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )				
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of Ne	w Registered Agei	nt:	
	ΓΗ CT S ON, FL 33498	US ubmits this statement for the p	ourness of changing i	ts registered off	ico or registered agre	ant or both	
in the State		abmits this statement for the p	ourpose of changing i	is registered oili	ice or registered age	ent, or both,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PC ()[ PILGRIM, MICHA 10374-178TH CT BOCA RATON, F	S	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ()[ GRAVES, BOBBY 1676 RAVENWO PEARL, MS 392	OD LANE	Title: Name: Address: City-St-Zip:	D (X) C LEFAVOUR, DAV 452 MEADOWLA LOS LUNAS, NM	KE RD.		
Title: Name: Address: City-St-Zip:	CHANTREE, PÁU	DUNDALK ONTARIO	Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ()E WRIGHT, ROGE 2322 MORGAN L INGLESIDE, TX	ANE	Title: Name: Address: City-St-Zip:	()(	Change ()Addition		

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J. PILGRIM **PRES** 03/31/2007

( ) Delete

GREEN COVE SPRINGS, FL 32043

WEISENBURGER, DAN

148 WESLEY ROAD

() Change () Addition