2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# N05000011092

Entity Name: HURRICANE RESEARCH CENTER, INC.

Current Principal Place of Business:

5002 WAYDALE LANE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

5002 WAYDALE LANE
TAMPA, FL 33647

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: VEIT, CHRISTOPHER
Address: 5002 WAYDALE LANE
City-St-Zip: TAMPA, FL 33647

Title: STD ( ) Delete
Name: WILKERSON, MELONIE
Address: 5002 WAYDALE LANE
City-St-Zip: TAMPA, FL 33647

Title: PD ( ) Delete
Name: GONZALEZ, JEFF
Address: 5002 WAYDALE LANE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: VEIT, CHRISTOPHER
Address: 5002 WAYDALE LANE
City-St-Zip: TAMPA, FL 33647

Title: DTS (X) Change ( ) Addition
Name: WILKERSON, MELONIE
Address: 5002 WAYDALE LANE
City-St-Zip: TAMPA, FL 33647

Title: DP (X) Change ( ) Addition
Name: GONZALEZ, JEFF
Address: 5002 WAYDALE LANE
City-St-Zip: TAMPA, FL 33647

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

SIGNATURE: JEFF GONZALEZ DP 05/21/2007

Electronic Signature of Signing Officer or Director — Date