


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002600</b> 1. Entity Name HURRICANE AWARENESS CONSULTANTS OF FLORIDA, INC.	
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Principal Place of Business 14241 60TH STREET NORTH CLEARWATER, FL 33760	Mailing Address 601 JEFFERSON DAVIS HWY SUITE 201 FREDERICKSBURG, VA 22401
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03292006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3507186	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
DRAKEFORD & DRAKEFORD, P.A. 14241 60TH STREET NORTH CLEARWATER, FL 33760	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	DRAKEFORD, WALTER H.C.	
STREET ADDRESS	2212 E. 4TH AVE.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	D	
NAME	DELLA DONNA, JOHN	
STREET ADDRESS	2212 E. 4TH AVE.	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	D	
NAME	MONAHAN, THOMAS	
STREET ADDRESS	14241 60TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U000000551255  
05/13/06-80092-016 61.25

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John A. Della Donna, Dir 4/26/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #