

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 045 \*\*\*150.00

<b>DOCUMENT # P01000037838</b>						
<b>1. Entity Name</b> HURRICANE MANUFACTURING CORPORATION, INC.						
<b>Principal Place of Business</b> 12040 MIRAMAR PARKWAY MIRAMAR, FL 33025			<b>Mailing Address</b> 12040 MIRAMAR PARKWAY MIRAMAR, FL 33025			
<b>2. Principal Place of Business</b> 11850 Miramar Pkwy Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11850 Miramar Pkwy Suite, Apt. #, etc.				
<b>City &amp; State</b> Miramar, Fla		<b>City &amp; State</b> Miramar Pkwy		<b>4. FEI Number</b> 65-1120548		
<b>Zip</b> 33025		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> LEWIS, HAROLD L ESQ. ONE BISCAYNE TOWER, SUITE 2400 2 S. BISCAYNE BLVD. MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)						
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> ROBINSON, JEFFREY T 12040 MIRAMAR PARKWAY MIRAMAR, FL 33025		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	11850 Miramar Pkwy Miramar, Fla 33025	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Lawrence L. Kibler 11850 Miramar Pkwy Miramar, FL 33025	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.</b>						
<b>SIGNATURE:</b> <i>[Signature]</i>				1-7-05 954 392 7933		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #		