

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059183

Entity Name: HURRICANE AIR, INC.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

5485 LEE ST STE 9
LEHIGH ACRES, FL 33971

New Principal Place of Business:

1946 DANA DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

5485 LEE ST STE 9
LEHIGH ACRES, FL 33971

New Mailing Address:

1946 DANA DRIVE
FORT MYERS, FL 33907

FEI Number: 04-3632868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANNON, CHRIS
5412 BRODIFIELD ST
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

SHANNON, CHRISTOPHER
5412 BROOKFIELD STREET
LEHIGH ACRES, FL 33971 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: CHRISTOPHER SHANNON

01/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SHANNON, CHRIS
Address: 5412 BRODIFIELD ST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SHANNON, CHRISTOPHER
Address: 5412 BROOKFIELD STREET
City-St-Zip: LEHIGH ACRES, FL 33971

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

SIGNATURE: CHRISTOPHER SHANNON

PRES

01/12/2007

Electronic Signature of Signing Officer or Director

Date