## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000096289

1. Entity Name

INNOSTORM TECHNOLOGIES, INC.



FILED Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3326 AUSTIN STREET SARASOTA, FL 34231 3326 AUSTIN STREET SARASOTA, FL 34231



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN	THIS	SPA	CE
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03072007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
82-0585	263		Not Applicable	
5. Certificate o	of Status Desired S8.75 Additional Fee Required			

Davime Phone #

6. Name and Address of Current Registered Agent

DICKERSON, DARREN 3326 AUSTIN STREET SARASOTA, FL 34231

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the place of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signators, typed or critical name of registered agent and little	If applicable (NOTE: Register	((ln ed Agent signaturi	Dicker50 e required when reinstating)	n 3/7/2007	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution	~ -	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	P DICKERSON, DARREN CEO 3326 AUSTIN ST. SARASOTA, FL 34231					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					บ00000662216 03/21/07-80004-011 150.0(	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 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.						

Darren

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR