2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: FRANK J. MASON Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF

May 04, 2006 8:00 am Secretary of State DOCUMENT # P03000009589 1. Eptitý Name 05-04-2006 90256 020 ***150.00 THUNDER STORM, INC. Principal Place of Business Mailing Address 4700 BARNA AVENUE 4700 BARNA AVENUE SUITE 603 SUITE 603 TITUSVILLE FL 32780 TITUSVILLE FL 32780 3. Mailing Address 2. Principal Place of Business 4525 PINE STREET 4525 PINE STREET Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 01-0766822 COCOA, FLORIDA COCOA, FLORIDA^ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32926 USA 32926 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANK MASON J. MASON, FRANK J JR Street Address (P.O. Box Number is Not Acceptable) 4700 BARNA AVE, STE 603 TITUSVILLE FL 32780 4525 PINE STREET Zip Code 32926 COCOA, 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. 426-06 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE Addition Delete P NAME MASON, FRANK J JR NAME FRANK J. MASON Jr. STREET ADDRESS STREET ADDRESS 4700 BARNA AVE, STE 603 4525 PINE STREET CITY-ST-7IP TITUSVILLE FL 32780 CITY-ST-7IP COCOA, FLORIDA 32926 Change TITLE Delete TITLE Addition Vice President NAME NAME Marlene G. Mason STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Dalete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

(321)433-3446

Daytimo Phone #