

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000093207

1. Entity Name
GOD OF THUNDER, INC.



Principal Place of Business
P O BOX 23216
FT LAUDERDALE, FL 33307 US

Mailing Address
P O BOX 23216
FT LAUDERDALE, FL 33307 US

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



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1681144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THORR, DAMIEN L
1585 NE 38 STREET
FT LAUDERDALE, FL 33334

**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)

1000000551519

DATE
05/17/06-80054-002 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME THORR, DAMIEN L
STREET ADDRESS P O BOX 23216
CITY-ST-ZIP FT LAUDERDALE, FL 33307

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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.

SIGNATURE: DAMIEN L. THORR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

954 523
7087

Date

Daytime Phone #