

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030058

FILED  
Aug 28, 2007  
Secretary of State

Entity Name: DNA HURRICANE PROTECTION, INC.

## Current Principal Place of Business:

50 KINDRED STREET  
STE 201  
STUART, FL 34994

## New Principal Place of Business:

3401 GOLF VIEW ROAD  
SEBRING, FL 33875

## Current Mailing Address:

50 KINDRED STREET  
STE 201  
STUART, FL 34994

## New Mailing Address:

3401 GOLF VIEW ROAD  
SEBRING, FL 33875

FEI Number: 20-2494351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUEST, JAMES M  
50 KINDRED STREET  
STE 201  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

GUEST, JAMES M  
50 KINDRED STREET  
#303  
STUART, FL 34994 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:

08/28/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KELLY, AMBER DALE  
Address: 50 KINDRED STREET, SUITE 201  
City-St-Zip: STUART, FL 34994

Title: V ( ) Delete  
Name: KELLY, DU'WAYNE P  
Address: 50 KINDRED STREET, SUITE 201  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AMBER KELLY

PSTD

08/28/2007

Electronic Signature of Signing Officer or Director

Date