


4/19/2006-90085-002-\$150.00-\$150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

06 SEP -5 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000103426			
1. Entity Name HURRICANE RED HOMES, INC.			
Principal Place of Business 2642 S.E. WILLOUGHBY BLVD. STUART, FL 34994		Mailing Address 2642 S.E. WILLOUGHBY BLVD. STUART, FL 34994	
2. Principal Place of Business 4253 SW High Meadow Ave. Suite, Apt. #, etc.		3. Mailing Address 4253 SW High Meadow Ave Suite, Apt. #, etc.	
City & State Palm City, FL.		City & State Palm City, FL.	
Zip 34990	Country USA	Zip 34990	Country USA
4. FEI Number 30-0329206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITMIRE, JR., DRENNEN L ESQ. 249 ROYAL PALM WAY SUITE 301 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)</small> DATE _____			
FILE MONTHLY FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POMA, FRANK 12212 RIVERBEND COURT PORT ST. LUCIE, FL 34984 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PURINO, ALBERT T 4396 SW LAPALOMA DRIVE PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POMA, JASON 12212 RIVERBEND COURT PORT ST. LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAGANA, ANTHONY 19 EAST HIGH POINT ROAD STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 filers empowered.			
SIGNATURE: <i>Anthony Lagana, Director</i>		4/14/06 772-219-1044	
SIGNATURE AND TYPED OR PRINTED NAME OF BOOKING OFFICER OR DIRECTOR			

282

Hurricane Redi Homes, Inc.
4253 SW High Meadow Avenue
Palm City, FL. 34990

August 31, 2006
Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Annual Reports Section
Attn: Ms. Eula Peterson

Dear Ms. Peterson:

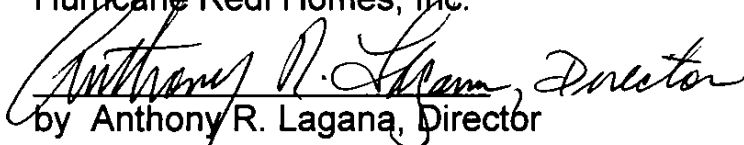
Confirming our telephone conversation today, enclosed you will find the completed copy of our annual report/uniform business report with Block 4 filled in. (FEI number 30-0329206 which was issued by the IRS 08-22-2005)

As stated in our phone conversation, I filed the report with the required \$150.00 fee on 4/14/2006 (Our check # 1005) but evidently overlooked block 4. As also stated, although the advisory letter was dated April 24, 2006 we did not receive it in our office until August 22 2006.

I believe our timely filing of the report and the timely response after the receipt of the errata letter should preclude any imposition of additional fees. We attempted to comply with the reporting requirements as per the law and it was only my oversight in failing to see that block #4 was not filled in that the report was not complete.

Thank you for your attention to this matter.

Sincerely,
Hurricane Redi Homes, Inc.


by Anthony R. Lagana, Director