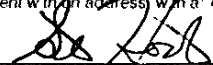


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90285 018 ***150.00

DOCUMENT # P05000104378 1. Entity Name ASSOCIATED HURRICANE SYSTEMS, INC					
Principal Place of Business 301 SPRINGSONG RD LITHIA, FL 33547 US			Mailing Address 301 SPRINGSONG RD LITHIA, FL 33547 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
03162006 Chg-P CR2E034 (11/05)					
4. FEI Number 043833420				App'd For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HOWTON, STEPHEN 301 SPRINGSONG RD LITHIA, FL 33547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Accepted) 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 _____ Signature, word or printed name of registered agent and title. In this case: _____ (FCR) Registered Agent (signature required) and title: _____ (FCR)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD HOWTON, STEPHEN 301 SPRINGSONG RD LITHIA, FL 33547		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change ☐ 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 another I am empowered.					
SIGNATURE: 			4-10-06 813-355-7961		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					