2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/27/2006-90398-001-$300.00-$150.00

FILED

06 MAY 26 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000126981

1. Entity Name
REVE STORM DIVISION, INC

Principal Place of Business	Mailing Address
P.O. BOX 7025 PENSACOLA, FL 32534	P.O. BOX 7025 PENSACOLA, FL 32534

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
92 E. NINE MILE RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State
Zip: 32534 Country: ESCAMBIA	Zip Country

4. FEI Number: 20-3491539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKEY, RAYMOND G
913 GULF BREEZE PARKWAY
SUITE 5
GULF BREEZE, FL 32561

7. Name and Address of New Registered Agent

Name: NOEL RAYMOND A. PAES
Street Address (P.O. Box Number is Not Acceptable): 9512 TEMPLEMORE DR.
City: CANTONMENT FL Zip Code: 32533

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 agents.

SIGNATURE: RAYMOND A. NOEL 4/19/06
Name and title of authorized person (see instructions) (NOTE: Registered Agent signature required when changing) Date

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	P NOEL, RAYMOND P.O. BOX 7025 PENSACOLA, FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, HECTOR P.O. BOX 7025 PENSACOLA, FL 32534	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO, SILVA P.O. BOX 7025 PENSACOLA, FL 32534	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 all other like empowered.

SIGNATURE: 4/19/06 (850) 477-2132
Name and title of authorized person (see instructions) Date Daytime Phone #

5/26/06