

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127873

Entity Name: DISASTER RESOURCES, INC.

FILED  
Apr 04, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 160114  
ALTAMONTE SPRINGS, FL 327160114 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 160114  
ALTAMONTE SPRINGS, FL 327160114 US

## New Mailing Address:

FEI Number: 20-3575332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ZUNIGA, LORENZO  
Address: P.O. BOX 160114  
City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US

Title: D ( ) Delete  
Name: RIVERA, ENRIQUE  
Address: P.O. BOX 160114  
City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US

Title: D ( ) Delete  
Name: BETTES, RODNEY  
Address: P.O. BOX 160114  
City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LORENZO ZUNIGA

D

04/04/2006

Electronic Signature of Signing Officer or Director

Date