2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127873

Entity Name: DISASTER RESOURCES, INC.

FILED Feb 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

288 CAMBRIDGE DRIVE LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

P.O. BOX 160114

ALTAMONTE SPRINGS, FL 327160114 US

FEI Number: 20-3575332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301 US

ZUNIGA, LORENZO
288 CAMBRIDGE DR.
LONGWOOD, FL 32779

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: LORENZO ZUNIGA 02/20/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: D () Delete Title: P,S (X) Change () Addition

 Name:
 ZUNIGA, LORENZO
 Name:
 ZUNIGA, LORENZO

 Address:
 P.O. BOX 160114
 Address:
 P.O. BOX 160114

City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US

 Name:
 RIVERA, ENRIQUE
 Name:
 RIVERA, ENRIQUE

 Address:
 P.O. BOX 160114
 Address:
 P.O. BOX 160114

City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US City-St-Zip: ALTAMONTE SPRINGS, FL 327160114 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 BETTES, RODNEY
 Name:

 Address:
 P.O. BOX 160114
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 327160114 US
 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: LORENZO ZUNIGA P,S 02/20/2008