

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023146

FILED
May 04, 2009
Secretary of State

Entity Name: TEMPEST ADVISORY GROUP CORP.

Current Principal Place of Business:

4839 SW 148TH AVE
455
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

4839 SW 148TH AVE
455
DAVIE, FL 33330

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, TODD
4839 SW 148TH AVE
455
DAVIE, FL 33330 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, TODD
Address: 4839 SW 148TH AVE #455
City-St-Zip: DAVIE, FL 33330

Title: SE () Delete
Name: THOMAS, DEREK SECRETA
Address: 4839 SW 148TH AVE #455
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TODD THOMAS

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

_____ Date