2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052632

Address:

City-St-Zip:

9940 SW 4TH STREET

PLANTATION, FL 33324

Entity Name: TRIPLE D HURRICANE MASTERS, INC.

FILED Feb 12, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	SHINGTON ST DOD, FL 3302				
Current Mailing Address:			New Mailing Address:		
5740 SUR DAVIE, FL	REY CIRCLE . 33331	EAST			
FEI Number	: 20-4744548	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
515 EAST TALLAHA: The above		01 US	ourpose of changing its registered	l office or registered agent, or both,	
	e of Florida.				
SIGNATUI		nic Signature of Registered Age	ent	 Date	
Election Car		g Trust Fund Contribution ().		2 3.10	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (DANIELSON, K 5740 SURREY DAVIE, FL 333	CIRCLE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BESHOURI, PE 2900 N ATLAN FT LAUDERDA	TIC BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (O'NEIL CHRIS) Delete TOPHER	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER O'NEIL PRES 02/12/2008