## 2007 FOR PROFIT CORPORATION

## May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000114978** 05-02-2007 90079 050 \*\*\*150.00 1. Entity Name NATIONAL WEATHER PROTECTION SYSTEMS, INC. Principal Place of Business Mailing Address 1878 72 AVE., NE 1878 72 AVE., NE ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5547784 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRADDY, MICK Street Address (P.O. Box Number is Not Acceptable) 1878 72 AVE., NE ST. PETERSBURG, FL 33702 Zip Code FL 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 agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. . (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BPT **DPST** TITLE TITLE ☐ Delete Change Graldy, Mick NAME GRADDY, MICK NAME 1878 72 Ave. NG. STREET ADDRESS 1878 72 AVE., NE STREET ADDRESS 54. Peterburg, FC 33702 CITY-ST-7IP ST. PETERSBURG, FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition Graddy, Carrolt, 1878 72-2 Ave. NG NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, EL 33702 Delete TITLE TITLE ☐ Change Addition Jeffrey S. Rynard NAME NAME znex Gulf to Bry Alus. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cleanuter, FC33759 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 any address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

FILED