

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90054 048 \*\*\*150.00

<b>DOCUMENT # P07000019355</b> 1. Entity Name <b>STORMWATCH INC.</b>			
Principal Place of Business <b>127 SEAGRAPE DRIVE #210 JUPITER, FL 33408</b>		Mailing Address <b>P.O. BOX 14224 NORTH PALM BEACH, FL 33408</b>	
2. Principal Place of Business - No P.O. Box # <b>127 SEAGRAPE DRIVE</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. <b>#201</b>		Suite, Apt. #, etc.	
City & State <b>JUPITER, FL</b>		City & State	
Zip <b>33458</b>		Zip	
Country		Country	
4. FEI Number <b>77-0674471</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MURRAY, MICHAEL 127 SEAGRAPE DRIVE #210 JUPITER, FL 33408</b>		7. Name and Address of New Registered Agent Name <b>MURRAY, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>127 SEAGRAPE DRIVE</b> <b>#201</b> City <b>JUPITER</b> <b>FL</b> Zip Code <b>33458</b>	
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  DATE <b>1.10.08</b> <small>(NOTE: Registered Agent signature required when resigning)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MURRAY, MICHAEL</b> <b>PO BOX 14224</b> <b>NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>127 SEAGRAPE DRIVE, #201</b> <b>JUPITER, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ANZULIS, MERIDITH</b> <b>PO BOX 14224</b> <b>NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>127 SEAGRAPE DRIVE, #201</b> <b>JUPITER, FL 33458</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.			
SIGNATURE: 		<b>MERIDITH ANZULIS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>Jan 10, 2008</b>	
561-324-8840		561-324-8840	