2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P07000122680

Entity Name: CERTIFIED HURRICANE SPECIALISTS, INC.

Current Principal Place of Business:

5835 MEMORIAL HIGHWAY
#13
TAMPA, FL 33615

New Principal Place of Business:

17413 EQUESTRIAN TRAIL
ODESSA, FL 33556

Current Mailing Address:

5835 MEMORIAL HIGHWAY
#13
TAMPA, FL 33615

New Mailing Address:

17413 EQUESTRIAN TRAIL
ODESSA, FL 33556

FEI Number: 33-1190023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KESLINKE, BARBARA A.
3810 W DELEON ST., #2
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

KESLINKE, BARBARA A.
17413 EQUESTRIAN TRAIL
ODESSA, FL 33556 US

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: BARBARA KESLINKE 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KESLINKE, BARBARA A.
Address: 3810 W DELEON ST., #2
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KESLINKE, BARBARA A.
Address: 17413 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

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: BARBARA KESLINKE P 04/27/2009
Electronic Signature of Signing Officer or Director Date