2004 FOR PROFIT CORPORATION

FILED Jul 13, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P96000090174 HURRICANE DESIGN BUILD CONSTRUCTION, INC. Principal Place of Business Mailing Address 1236 MCDUFF AVE S 1236 MCDUFF AVE S SUITE 203 SUITE 203 JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 IIS HS 03222003 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3407765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAILEY, ANTHONY J DO NOT WRITE 5681 EDENFIELD RD APT #603 IN THIS SPACE JACKSONVILLE, FL 32277 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. SIGNATUR DATE whature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PST TITLE BAILEY, ANTHONY J NAME Liliudia assens STREET ADDRESS 5681 EDENFIELD RD #603 07/18/04-80001-002 150.00 JACKSONVILLE, FL 32277 CITY-SY-732 TITLE NAME STREET ADDRESS CITY-ST-ZIP TEFLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 73T2.E NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP

Daylime Phone #