2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P97000074494 01-13-2005 90004 047 ***150.00 1. Entity Name HURRICANE PROTECTION INDUSTRIES, INC. Mailing Address Principal Place of Business 50002154 12040 MIRAMAR PARKWAY 12040 MIRAMAR PARKWAY MIRAMAR, FL 33025 MIRAMAR, FL 33025 Principal Place of Business 1850 Hirama 01072005 CR2E034 (10/03) Chg-P ity & State Dity & State 4. FEI Number Applied For irama 65-0783812 Not Applicable \$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 LEWIS, HAROLD L Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD., SUITE 2400 MIAMI, FL 33131 Zip Code 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ПТЛЕ NAME KIBLER, LAWRENCE L. NAME 3440 NW 73RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITS F ☐ Delete TITLE NAME KIPNIS, DONALD J. NAME 3440 NW 73RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE ☐ Delete ROBINSON, JEFFREY T. NAME NAME 3440 NW 73RD AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33122 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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.

FILED

Jan 13, 2005 8:00 am