2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P97000105709

Entity Name: STORMIN PROTECTION PRODUCTS, INC.

Current Principal Place of Business:

10749 63RD WAY NORTH
PINELLAS PARK, FL 33782

New Principal Place of Business:

243-21ST. AVENUE NORTH
ST. PETERSBURG, FL 33704

Current Mailing Address:

10749 63RD WAY NORTH
PINELLAS PARK, FL 33782

New Mailing Address:

243- 21ST. AVENUE NORTH
ST. PETERSBURG, FL 33704

FEI Number: 59-3483236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PECORE, JOHNNA
10749 63RD WAY NORTH
PINELLAS PARK, FL 33782 US

Name and Address of New Registered Agent:

PECORE, JOHNNA
243- 21ST. AVENUE NORTH
ST. PETERSBURG, FL 33704 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: JOHNNA PECORE 01/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PECORE, JOHNNA
Address: 10749 63RD WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: P ( ) Delete
Name: PECORE, JOHN E
Address: 10749 63RD WAY NORTH
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: PECORE, JOHNNA
Address: 243-21ST. AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: P (X) Change ( ) Addition
Name: PECORE, JOHN E
Address: 243- 21ST. AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHNNA PECORE VP 01/11/2005
Electronic Signature of Signing Officer or Director Date