2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# P99000012801

Entity Name: HURRICANE MEDICAL, INC.

Current Principal Place of Business:

2331 -63RD AVE E
STE K
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

2331 -63RD AVE E
STE K
BRADENTON, FL 34203

New Mailing Address:

FEI Number: 65-0891574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLAPP, DAVID A
2606 BRICE LANE
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: CLAPP, DAVID A
Address: 2606 BRICE LAND
City-St-Zip: SARASOTA, FL 34231

Title: DT ( ) Delete
Name: PIKE, GARY K
Address: 12600 UPPER MANATEE RD.
City-St-Zip: BRADENTON, FL 34212

Title: DP ( ) Delete
Name: BAULSLAUGH, DELL
Address: 8351 WHISPERING WOODS COURT
City-St-Zip: BRADENTON, FL 34202

Title: DS ( ) Delete
Name: PIKE, JAMES C
Address: 407 133 RD STREET E
City-St-Zip: BRADENTON, FL 34212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY KEITH PIKE DT 04/10/2007
Electronic Signature of Signing Officer or Director Date