


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000110307
 1. Entity Name
TEMPEST CYCLES, INC.



Principal Place of Business 260 HUNTINGLODGE DRIVE MIAMI SPRINGS, FL 33166	Mailing Address 260 HUNTINGLODGE DRIVE MIAMI SPRINGS, FL 33166
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03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0985629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COULTER, JOSEPH III
260 HUNTINGLODGE DRIVE
MIAMI SPRINGS, FL 33166

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SEKMAN, DAVID A 1450 NW LOMBARD ST. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COULTER, JOSEPH R III 260 HUNTING LODGE DR MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEKMAN, KERRY J 1450 NW LAMBARD ST PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COULTER, SUSAN 260 HUNTING LODGE DR MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/13/06-80024-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *J. Carlos* **3/27/06** **305-884-0857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #