


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S90170 1. Entity Name WEATHER MASTER, INC.	
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Principal Place of Business 403 SW 53RD TERRACE CAPE CORAL, FL 33914	Mailing Address 403 SW 53RD TERRACE CAPE CORAL, FL 33914
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DO NOT WRITE IN THIS SPACE

FILED

06 SEP 18 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0295804	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

SHEAN, ROBERT W
403 SW 53RD TERRACE
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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 _____

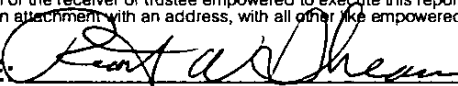
FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	500080193045 09/28/06--01072--013 **550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEAN, ROBERT W 403 SW 53RD TERRACE CAPE CORAL, FL 33914
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IN THIS SPACE**

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:  9-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #