

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 045 ***150.00

DOCUMENT # 410851
 1. Entity Name
EVERGREEN SPRINKLER SYSTEMS, INC.



Principal Place of Business Mailing Address
 12515 SW 128 ST 12515 SW 128ST
 MIAMI FL 33186-5419 MIAMI FL 33186-5419
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1418244** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FROST, RONALD
12515 SW 128 ST
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	FROST, JOANN SEC/TRE	
STREET ADDRESS	1543 LANTANA CT.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FROST, RICHARD VP	
STREET ADDRESS	14161 SW 152 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FROST, TERRY VP	
STREET ADDRESS	11530 SW 105 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	P	<input type="checkbox"/> Delete
NAME	FROST, RONALD	
STREET ADDRESS	1543 LANTANA CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15272 SW 104 ST	6-14
CITY-ST-ZIP	33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerers.

SIGNATURE: Joann Frost **JOANN FROST** 1/24/08 305-235-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Loc Beyond Page #