## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an

SIGNATURE:

## Feb 24, 2005 08:00 AM DOCUMENT # K44893 **Secretary of State** 1. Entity Name FIRECAT TECHNOLOGY, INC. Principal Place of Business Mailing Address 181 GULL CIRCLE N. DAYTONA BEACH FL 32118 181 GULL CIRCLE N. DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FE! Number City & State City & State Applied For 59-2915813 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILO, FRANK A. Street Address (P.O. Box Number is Not Acceptable) 181 GULL CIRCLE N. DAYTONA BEACH FL 32119 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PDC till E ☐ Change ☐ Delete MILO, FRANK A. NAME U00(IO0240465 181 GULL CIRCLE N. STREET ADDRESS STREET ADDRESS 02/24/05-80004-017 150.00 CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition MILO, LOIS J. NAME NAME STREET ADDRESS 181 GULL CIRCLE N. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath, 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

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