

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96328

FILED
Feb 19, 2007
Secretary of State

Entity Name: NIAGARA SPRINKLER SYSTEMS, INC.

Current Principal Place of Business:

11131 KNOTTY PINE DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11131 KNOTTY PINE DRIVE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-2955507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLITIS, ATHENA M S
11131 KNOTTY PINE DR.
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

POLITIS, ATHENA M VP,S
11131 KNOTTY PINE DR.
NEW PORT RICHEY, FL 34654 US

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: ATHENA M. POLITIS 02/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: POLITIS, ATHENA M S
Address: 11131 KNOTTY PINE DR.
City-St-Zip: NEW PORT RICHEY, FL

Title: PD () Delete
Name: POLITIS, PETER P
Address: 11131 KNOTTY PINE DR.
City-St-Zip: NEW PORT RICHEY, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: POLITIS, ATHENA M VP,S
Address: 11131 KNOTTY PINE DR.
City-St-Zip: NEW PORT RICHEY, FL

Title: MR (X) Change () Addition
Name: POLITIS, PETER P
Address: 11131 KNOTTY PINE DR.
City-St-Zip: NEW PORT RICHEY, FL

Title: MR () Change (X) Addition
Name: POLITIS, JASON P ASST VP
Address: 2918 LOCHCARRON DRIVE
City-St-Zip: LAND O'LAKES, FL 34638

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: ATHENA M. POLITIS MRS 02/19/2007
Electronic Signature of Signing Officer or Director Date