

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008695

FILED  
Jun 21, 2007  
Secretary of State

**Entity Name:** FLORIDA ALERT RESPONSE TEAM, INC.

**Current Principal Place of Business:**

360 22 AVE NW  
NAPLES, FL 34120

**New Principal Place of Business:**

360 22ND AVE NW  
NAPLES, FL 34120

**Current Mailing Address:**

360 22 AVE NW  
NAPLES, FL 34120

**New Mailing Address:**

PO BOX 367643  
BONITA SPRINGS, FL 34136

FEI Number: 20-0265967      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CULP, SAMUEL MAJOR  
360 22 AVE NW  
NAPLES, FL 34120      US

**Name and Address of New Registered Agent:**

CULP, SAMUEL MAJOR  
360 22ND AVE NW  
NAPLES, FL 34120      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: SAM CULP

06/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CULP, SAMUEL MAJOR  
Address: PO BOX 367643  
City-St-Zip: BONITA SPRINGS, FL 341367643

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM CULP

D

06/21/2007

Electronic Signature of Signing Officer or Director

Date