2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P01000030326 07 OCT 10 PM 1:56 FIRE CONTROLS INCORPORATED JALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2721 N.W. 19TH STREET 2721 N.W. 19TH STREET POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 10092007 CR2E034 (12/06) Cha-P City & State City & State 4. EEL Number Applied For 65-1088245 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEERO, BRIAN Street Address (P.O. Box Number is Not Acceptable) 10680 WASHINGTON STREET N. PEMBROKE PINES, FL 33025 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar the obligations of registered agent. Signature, tweed or printed name of redistered agent and frield applicable (NOTE: Required Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD HILLE ☐ Delete THEE FEERO, BRIAN NAME NAME STREET ADDRESS 10680 WASHINGTON STREET--APT#106 STREET ADDRESS PEMBROKE PINES, FL. 33025 CITY-ST-ZIP CITY-ST ZIP VΡ TITLE Delete Addition BOYD, BRIAN MARKE NAME 9307 NW 23RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE, FL 33024 CITY ST-ZIP STD HULE THLE ☐ Delete Change Addition WHITBURN, SANDRA NAME NAME STREET ADDRESS 4410 BOUGAINVILLA #27 STREET ADDRESS CHY-ST-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP VΡ ☐ Delete THLE Change ☐ Addition GREG LANE 16282 NW 1016 ST NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY SI-ZIP EMBROKE PINES THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STRILET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-SI ZIP ☐ Delete HILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR