2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# 598243

Entity Name: ANCHORAGE 911, INC.

Current Principal Place of Business:

2103 LUSITANIA DR
P.O. BOX 15736
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15736
P. O. BOX 15736
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0052175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VITALE, RALPH A.
2103 LUSITANIA DR
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

VITALE, RALPH A
2103 LUSITANIA DR
SARASOTA, FL 34231 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: RALPH A. VITALE 04/29/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VITALE, RALPH A.,
Address: 2103 LUSITANIA DR
City-St-Zip: SARASOTA, FL 34231

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD ( ) Change (X) Addition
Name: VITALE, ELISE C
Address: 75 KIPLING DRIVE
City-St-Zip: MILL VALLEY, CA 94941

Title: VD ( ) Change (X) Addition
Name: VITALE, PAMELA J
Address: 2103 LUSITANIA DRIVE
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH A. VITALE PD 04/29/2003
Electronic Signature of Signing Officer or Director Date