2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 656126

Entity Name: HI-RISE SAFETY SYSTEMS, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6490 GRIFFIN ROAD DAVIE, FL 33314 US

Current Mailing Address: New Mailing Address:

6490 GRIFFIN ROAD UNIT 15 DAVIE, FL 33314 US

FEI Number: 59-1979014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHARTON, EDWARD M.

6490 GRIFFIN ROAD

DAVID, FL 33314

GEISMAR, JANET L

6490 GRIFFIN ROAD

DAVIE, FL 33314

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: JANET L. GEISMAR 05/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PRES (X) Change () Addition Name: WHARTON, EDWARD M., Name: SHIVER, ROBERT J

 Name:
 WHARTON, EDWARD M.,
 Name:
 SHIVER, ROBERT J

 Address:
 10151 SW 15 PLACE
 Address:
 6490 GRIFFIN ROAD

 City-St-Zip:
 DAVIE, FL
 33314

Title: SD () Delete Title: TREA (X) Change () Addition

 Name:
 CALLAHAN, CINDY L
 Name:
 SHIVER, ROBERT J

 Address:
 8036 NW 41 CT
 Address:
 6490 GRIFFIN ROAD

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 DAVIE, FL 33314

Title: DVP () Delete Title: SECR (X) Change () Addition

 Name:
 GEISMAR, JANET
 Name:
 SHIVER, ROBERT J

 Address:
 8314 SW 42 CT
 Address:
 6490 GRIFFIN ROAD

 City-St-Zip:
 DAVIE, FL
 33314

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: ROBERT J. SHIVER PRES 05/01/2004