2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657454

FILED Apr 30, 2008 Secretary of State

Entity Name: FIRE PROTECTION CONTRACTORS DEVELOPMENT CORPORATION

	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
699 AERC SANFORE) LANE), FL 32771	US			
Current N	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
699 AERC SANFORE) LANE), FL 32771	US			
FEI Number	: 59-1982991	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:	
	N, DONALD E)			
699 AERC SANFORD), FL 32771	US			
	named entity e of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	ng Trust Fund Contribution ().			
	mpaign Financin S AND DIREC	•	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
OFFICER: Title: Name: Address:	S AND DIREC	CTORS:) Delete TH ST	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	SES TO OFFICERS AND DIRECTORS () Change () Addition	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECT D (LEWIS, JIM D 15521 W 1101 LENEXA, KS	CTORS:) Delete TH ST 66203) Delete D TOR	Title: Name: Address:		
	D (LEWIS, JIM D 15521 W 110T LENEXA, KS (DS (OLIVER, DAVI 501 FEHELEY KING OF PRUS	CTORS:) Delete TH ST 66203) Delete D DR SSIA, PA) Delete ONALD NE	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D (LEWIS, JIM D 15521 W 1101 LENEXA, KS (OLIVER, DAVI 501 FEHELEY KING OF PRUS D (WIGINTON, DO 699 AERO LAN SANFORD, FL	CTORS:) Delete TH ST 66203) Delete D DR SSIA, PA) Delete ONALD NE . 32771) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DONALD D. WIGINTON	D	04/30/2008