


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000004661	
1. Entity Name LIFE SAFETY ENTERPRISES INC.	

Principal Place of Business 1690 TARPON BAY DR. SO. #203 NAPLES, FL 34119	Mailing Address 1690 TARPON BAY DR. SO. #203 NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE



05272008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1810627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIMPERIO, ANGELA M
1690 TARPON BAY DR. SO. #203
NAPLES, FL 34119

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTC TIMPERIO, ANGELA M 38033 EUCLID AVE. #2 WILLOUGHBY, OH 44094
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/04/08-80092-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Angela M. Timperio Date: 5/26/08 Daytime Phone #: 440-918-1641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR