

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005668

FILED
Aug 21, 2008
Secretary of State

Entity Name: FLEXIBLE LIFELINE SYSTEMS, INC.

Current Principal Place of Business:

14325 WEST HARDY ROAD
HOUSTON, TX 77060

New Principal Place of Business:

Current Mailing Address:

14325 WEST HARDY ROAD
HOUSTON, TX 77060

New Mailing Address:

FEI Number: 76-0515127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: TOWNEND, RICK
Address: 18602 GLENN HAVEN ESTATES DRIVE
City-St-Zip: HOUSTON, TX 77379

Title: P () Delete
Name: TOWNEND, ANDREW
Address: 2006 SUFFOLK
City-St-Zip: HOUSTON, TX 77027

Title: V () Delete
Name: ARMSTRONG, HUGH
Address: 3919 ASHLEY MANOR
City-St-Zip: SPRING, TX 77389

Title: S () Delete
Name: CRANSTON, PAMELA
Address: 3646 POSTWOOD DRIVE
City-St-Zip: SPRING, TX 77388

Title: T (X) Delete
Name: ROSS, ROBERT
Address: 66 HUNTSMAN HORN
City-St-Zip: THE WOODLANDS, TX 77380

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T (X) Change () Addition
Name: ROSS, ROBERT
Address: 66 HUNTSMAN HORN
City-St-Zip: THE WOODLANDS, TX 77380

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

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: ADRIANA ESTRADA

STA

08/21/2008

Electronic Signature of Signing Officer or Director

_____ Date