2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32782

FILED Jan 11, 2006 Secretary of State

Entity Name: LIFESAVING SYSTEMS CORPORATION

Current Principal Place of Business: New Principal Place of Business: 220 ELSBERRY ROAD APOLLO BEACH, FL 33572 LIS **Current Mailing Address: New Mailing Address:** 220 ELSBERRY ROAD APOLLO BEACH, FL 33572 US FEI Number: 59-2067659 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: MANESS, SAMUEL G MANESS, SAMUEL G 6423 RUBIA CR 6302 MARBELLA BLVD APOLLO BEACH, FL 33572 US APOLLO BEACH, FL 33572 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: 01/11/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MANESS, BARBARA Name: Name: 6302 MARBELLA BLVD. Address: Address: City-St-Zip: APOLLO BEACH, FL 33572 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MANESS, SAMUEL. Name: 6302 MARBELLA BLVD. Address: Address: APOLLO BEACH, FL 33572 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL G MANESS **PRES** 01/11/2006