

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002306

FILED
Apr 11, 2007
Secretary of State

Entity Name: AUTOMATIC FIRE ALARM ASSOCIATION, INC.

Current Principal Place of Business:

1349 S. INTERNATIONALPKWY
2411
LAKE MARY, FL 32746 US

New Principal Place of Business:

1349 S. INTERNATIONAL PARKWAY
2411
LAKE MARY, FL 32746 US

Current Mailing Address:

P.O. BOX 951807
LAKE MARY, FL 327951807

New Mailing Address:

FEI Number: 36-3630660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMERBERG, THOMAS P
1655 SHADOWMOSS CIR
LAKE MARY, FL 32746 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMMERBERG, THOMAS P
Address: 1655 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: BOURGEOIS, ROGER
Address: STATION 1, BOX 10157
City-St-Zip: HOUMA, LA 703630157

Title: D () Delete
Name: BALLEW, JUNE
Address: 273 BRANCHPORT AVE.
City-St-Zip: LONG BRANCH, NJ 07740

Title: T () Delete
Name: LUDWIG, JAMES
Address: 1749 E. HIGHWOOD
City-St-Zip: PONTIAC, MI 48340

Title: S (X) Delete
Name: SMITH, MARTIN
Address: 8141 TELEGRAPH ROAD, SUITE F
City-St-Zip: SEVERN, MD 21144

Title: D (X) Delete
Name: BOYER, ROBERT
Address: 7852 BROWNING ROAD
City-St-Zip: PENNSAUKEN, NJ 08109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BOYER, ROBERT
Address: 7852 BROWNING ROAD
City-St-Zip: PENNSAUKEN, NJ 08109

Title: D (X) Change () Addition
Name: BECKER, DAVID
Address: 868 DR. W. J. HODGE STREET
City-St-Zip: LOUISVILLE, KY 40210

Title: S (X) Change () Addition
Name: SMITH, MARTIN
Address: 8141 TELEGRAPH ROAD, SUITE F
City-St-Zip: SEVERN, MD 21144

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

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. HAMMERBERG

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date