2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# H41955

Entity Name: EVEREADY FIRE & SECURITY EQUIPMENT, INC.

Current Principal Place of Business:

7933 W HOMOSASSA TRL
STE A
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 59-2538894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCALZI, KAREN STATON
7933 W HOMOSASSA TRL
STE A
HOMOSASSA, FL 34448 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: SCALZI-STATON, KAREN,
Address: 2055 N. CROFT AVE.
City-St-Zip: INVERNESS, FL 34453

Title: S ( ) Delete
Name: CARR-STATON, C. LATRELLE
Address: 2400 S HULL TERRACE
City-St-Zip: HOMOSASSA, FL 34448

Title: V ( ) Delete
Name: SCALZI, TIMOTHY
Address: 2055 N CROFT AVE
City-St-Zip: INVERNESS, FL 34453

Title: DIR ( ) Delete
Name: LIMBAUGH, TENNILLE R
Address: 2370 S HULL TERRACE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: DIR ( ) Change (X) Addition
Name: SCALZI, TIMOTHY J
Address: 4964 S CATFISH TERR
City-St-Zip: FLORAL CITY, FL 34436 US

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: KAREN STATON SCALZI PT 04/24/2008

Electronic Signature of Signing Officer or Director — Date