


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 048 ***150.00

| | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # H90849 1. Entity Name VERO SPRINKLER SYSTEMS INC. |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business % JOHN R. KLUNTZ 2501 27TH AVE UNIT F1A VERO BEACH, FL 32960 | Mailing Address % JOHN R. KLUNTZ PO BOX 1628 VERO BEACH, FL 32961-1628 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

30041646



| | |
|-------------------------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business 1170 9th Street SW Suite, Apt. #, etc. Suite 2 | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------------------------------------|-------------------------------------------|

04182005 Chg-P CR2E034 (10/03)

| | | | |
|--------------------------------|--------------|-----------------------------|--------------------------------------------------------|
| City & State Vero Beach, FL | City & State | 4. FEI Number 59-2637281 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32902 | Country | Zip | Country |

| | |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

| | | | |
|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent KLUNTZ, JOHN R. 9775 61ST PLACE SEBASTIAN, FL 32958 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|

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 John Kluntz DATE 4-18-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|------------------------------------------------|----------------------------------------------------------------|---------------------------------|-------------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KLUNTZ, JOHN R. 9775 61ST PLACE SEBASTIAN, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KLUNTZ, ERICA 4460 60TH AVENUE VERO BEACH, FL 32967 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John Kluntz DATE 4-18-05 DAYTIME PHONE # 772-507-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR