2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN **DOCUMENT # H90849 Secretary of State** 1. Entity Name VERO SPRINKLER SYSTEMS INC. Mailing Address Principal Place of Business % JOHN R. KLUNTZ 1170 9TH ST SW PO BOX 1628 STE 2 VERO BEACH, FL 32961-1628 VERO BEACH, FL 32960 CR2E034 (11/05) No Chg-P 01082008 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number Not Applicable 59-2637281 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KLUNTZ, JOHN R. DO NOT WRITE 9775 61ST PLACE SEBASTIAN, FL 32958 IN THIS SPACE 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 Synaptime, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent aigneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KLUNTZ, JOHN R. NAME 9775 61ST PLACE STREET ADDRESS CITY-ST-ZIP SEBASTIAN, FL TITLE U00000836941 03/04/08-80036-024 150.00 KLUNTZ, ERICA NAME 4460 60TH AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32967 MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE:

CITY-S1-7IP MILE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP