2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT				APPROVED			
DOCUMENT # J03206 1. Entity Name SPRINKLER DESIGN, INC.				61 05 MAR 14			
Principal Place of Business 3308 TIGER HOLE ROAD IACKSONVILLE, FL 32216 US	ER HOLE ROAD 3308 TIGER HOLE ROAD			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business A Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)	MKI	
City & State	City & State		4. FEI Number 59-2817		- 1 -	oplied For ot Applicable	
Zip Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Add	litional d	
6. Name and Address of Current	Registered Agent		7. Name and /	Address of New Re	distered Agent		
PICKETT, MARSHALL 3308 TIGER HOLE ROAD JACKSONVILLE, FL 32216	Street Address (P.O. Box Number is Not Acceptable) 390 TIDEWATER CIRCLE NOVE						
City ACKSONJI L Zip Code 3 2 2 1 1 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE Signature of registered agent and title it applicable. (NOTE: Pegistered Agent signature required when refusating)							
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10. OFFICERS AND		11.		CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE VSD NAME SALEN, SHERRIE W. STREET ADDRESS 390 TIDEWATER CIR. NO. CITY-ST-ZIP JACKSONVILLE, FL	🔀 Dekate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALEN SI 390 Tidewi Jacksonvil	cter Circle	- Novth	☐ Addition	
TITLE PD NAME PICKETT, MARSHALL D. STRIET ADDRESS 3308 TIGER HOLE ROAD CITY-ST-ZP JACKSONVILLE, FL	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Pickelf, M 3308 Tiger Jacksonville	arstall D Hole Roa	Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS . CITY-ST-ZIP		7	□ Change 169009 022 **70.	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP			☐ Change	Addition	
TITLE NAME STREF ADDRESS CITY-ST-ZIP	C) Delicie	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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: Constitute C							