2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90093 049 ***150.00

Moreh 941 360 8600

1. Entity Name LIFE SAFETY INTERNATIONAL, INC. Principal Place of Business Mailing Address P.D. BOX 20069
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SAPASOTA, Floridas Zip
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Note: Not
MORAN, KEVIN D 3703 RIVERVIEW BLVD BRADENTON, FL 34205 City 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 Signature, typed or privad name of registered apent and title # applicable. NOTE: Registered Agent signature required when reinstating) OATE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will bb \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME MORAN, KEVIN SIRET ADDRESS 3703 RIVERVIEW BLVD BRADENTON, FL 34205 Delete ITILE NAME NAME SIRET ADDRESS SI
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 if Block 11 if changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR