

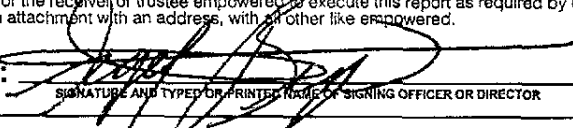


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # J73752 1. Entity Name FIRE SPRINKLER DESIGN GROUP, INC.				
Principal Place of Business % ANGEL REYES 13285 S.W. 103RD TERRACE MIAMI, FL 33186		Mailing Address % ANGEL REYES 13285 S.W. 103RD TERRACE MIAMI, FL 33186		
DO NOT WRITE IN THIS SPACE			 04112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2822726	Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent REYES, ANGEL 13285 S.W. 103RD TERRACE MIAMI, FL 33186		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <div style="text-align: right; font-family: monospace;">U000000512251^M 04/29/06-80080-013 150.00^M</div>		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE	P			
NAME	REYES, ANGEL.			
STREET ADDRESS	13285 S.W. 103 TERRACE.			
CITY - ST - ZIP	MIAMI, FL			
TITLE	V			
NAME	REYES, NEYDA.			
STREET ADDRESS	13285 S.W. 103 TERRACE.			
CITY - ST - ZIP	MIAMI, FL			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
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 address, with an other like empowered.				
SIGNATURE: 		04-11-06	305-386-7071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	