2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14899

FILED Mar 23, 2009 Secretary of State

Entity Name: FIRE STOP SYSTEMS, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|--|--|--|---|--|
| 4173 ARN NAPLES, I | | US | | | |
| Current N | lailing Addı | ress: | New Mailing Addres | s: | |
| 4173 ARN NAPLES, I | | US | | | |
| FEI Number | 65-0032324 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | Address o | f Current Registered Agent: | Name and Address o | of New Registered Agent: | |
| 4173 ARŃ | BARBARA OLD AVE. | US | | | |
| NAPLES, I | -L 34104 | 90 | | | |
| | | | purpose of changing its registere | ed office or registered agent, or both, | |
| The above | named enti of Florida. | | purpose of changing its registere | ed office or registered agent, or both, | |
| The above in the State | named enti e of Florida. RE: | | | ed office or registered agent, or both, Date | |
| The above in the State SIGNATUI | named enti e of Florida. RE: Electi | ty submits this statement for the | | | |
| The above in the State SIGNATUI | named enti e of Florida. RE: Electi | ty submits this statement for the ronic Signature of Registered Againg Trust Fund Contribution (). | gent | | |
| The above in the State SIGNATUI Election Car OFFICER: Title: Name: Address: | named entire of Florida. RE:Electron paign Finance S AND DIRE P PEDONE, B | ty submits this statement for the ronic Signature of Registered Acting Trust Fund Contribution (). ECTORS: () Delete ARBARA ON BLVD EAST | gent | Date | |
| The above in the State SIGNATUI | named entire of Florida. RE: Election paign Finance S AND DIRE P PEDONE, B, 2939 TIBUR NAPLES, FL | ty submits this statement for the ronic Signature of Registered Againg Trust Fund Contribution (). ECTORS: () Delete ARBARA ON BLVD EAST . 34109 () Delete ICHAEL ON BLVD EAST | gent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTORS | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PEDONE VP 03/23/2009