

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079484

FILED
Apr 30, 2007
Secretary of State

Entity Name: EN-DANGER-ED ALERT SYSTEMS, LLC

Current Principal Place of Business:

1570 CASE ROAD
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

1570 CASE ROAD
LABELLE, FL 33935

New Mailing Address:

FEI Number: 72-1619986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOYCE D
1570 CASE ROAD
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADAMS, JOYCE D
Address: 1570 CASE ROAD
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM () Delete
Name: ADAMS, JOHN B
Address: 1570 CASE ROAD
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM () Delete
Name: ADAMS, CHRISTOPHER C
Address: 1570 CASE ROAD
City-St-Zip: LABELLE, FL 33935 US

Title: MGRM () Delete
Name: ADAMS, AMY N
Address: 1570 CASE ROAD
City-St-Zip: LABELLE, FL 33935 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOYCE D. ADAMS

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date