2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# L07000065188

Entity Name: FIRE SYSTEM TECHNOLOGY LLC

Current Principal Place of Business:

1624 S 24TH AVENUE
HOLLYWOOD, FL 33020

New Principal Place of Business:

9171 DUPONT PLACE
WELLINGTON, FL 33414

Current Mailing Address:

1624 S 24TH AVENUE
HOLLYWOOD, FL 33020

New Mailing Address:

9171 DUPONT PLACE
WELLINGTON, FL 33414

FEI Number: 26-0615771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MYERS, DEBRA
1624 S 24TH AVENUE
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

MYERS, DEBRA
9171 DUPONT PLACE
WELLINGTON, FL 33414 US

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: DEBRA MYERS 02/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MYERS, DEBRA
Address: 1624 S 24TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: P ( ) Delete
Name: MYERS, DEBRA
Address: 1624 S 24TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MYERS, DEBRA
Address: 9171 DUPONT PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: P (X) Change ( ) Addition
Name: MYERS, DEBRA
Address: 9171 DUPONT PLACE
City-St-Zip: WELLINGTON, FL 33414

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: DEBRA MYERS MGR 02/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date