2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000122938

Entity Name: ADVANCED FIRE EXTINGUISHERS & SAFETY EQUIPMENT, LLC

Current Principal Place of Business:

5889 S. WILLIAMSON BLVD, SUITE 1309
PORT ORANGE, FL 32128 US

New Principal Place of Business:

5889 S. WILLIAMSON BLVD,
SUITE 109
PORT ORANGE, FL 32128 US

Current Mailing Address:

5889 S. WILLIAMSON BLVD, SUITE 1309
PORT ORANGE, FL 32128 US

New Mailing Address:

5889 S. WILLIAMSON BLVD,
SUITE 1309
PORT ORANGE, FL 32128 US

FEI Number: 33-1193891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
SUITE B
PORT ORANGE, FL 32127 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: MGRM ( ) Delete
Name: GAINES, KENNETH
Address: 3139 WATERWAY PLACE
City-St-Zip: PORT ORANGE, FL 32128 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GAINES, KENNETH
Address: 5889 S. WILLIAMSON BLVD., SUITE 1309
City-St-Zip: PORT ORANGE, FL 32128 US

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: KENNETH GAINES MGRM 05/01/2008

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