2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 16, 2008
Secretary of State

DOCUMENT# L46989

Entity Name: DELTA FIRE SPRINKLERS, INC.

Current Principal Place of Business:

111 TECH DRIVE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

111 TECH DRIVE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2990432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTGOMERY, CHARLES W
111 TECH DR
SANFORD, FL 32771 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MONTGOMERY, CHARLES W
Address: 111 RIVERBEND COURT
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: MONGOMERY, RYAN
Address: 754 E. MICHIGAN ST. #188
City-St-Zip: ORLANDO, FL 32806

Title: DV ( ) Delete
Name: ROBERTS, JAMES R
Address: 1403 EAST 2ND COURT
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete
Name: MONTGOMERY, ADAM
Address: 111 IVANHOE BLVD, NE
City-St-Zip: ORLANDO, FL 32804

Title: SD ( ) Delete
Name: WILSON, TASHAUNA
Address: 418 CLUB DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: VP ( ) Change (X) Addition
Name: KAMM, CRAIG S
Address: 2291 SOUTH GLENCOE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32132

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: CHARLES W. MONTGOMERY PD 10/16/2008

Electronic Signature of Signing Officer or Director Date