2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006127

FILED Feb 13, 2009 Secretary of State

Entity Name: FIRST RESPONSE SEARCH TEAM, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1305 MAIN AVE S MONTICELLO, FL 32344

Current Mailing Address: New Mailing Address:

1305 MAIN AVE S MONTICELLO, FL 32344

FEI Number: 26-3073938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAUNDERS, MARY S 1305 MAIN AVE S MONTICELLO, FL 32344 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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 VPRE
 (X) Change () Addition

 Name:
 ALLEN, BARBARA
 Name:
 ALLEN, BARBARA

 Address:
 7126 JOHN WAYNE COURT
 Address:
 7126 JOHN WAYNE COURT

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32305

Title: D () Delete Title: PRES (X) Change () Addition

 Name:
 DOWLER, DONNA
 Name:
 DOWLER, DONNA

 Address:
 509 QUAIL LANE
 Address:
 509 QUAIL LANE

 City-St-Zip:
 MONTICELLO, FL 32344
 City-St-Zip:
 MONTICELLO, FL 32344

Title: D () Delete Title: SEC (X) Change () Addition

 Name:
 SAUNDERS, MARY S
 Name:
 SAUNDERS, MARY S

 Address:
 1305 MAIN AVE S
 Address:
 1305 MAIN AVE S

 City-St-Zip:
 MONTICELLO, FL 32344
 City-St-Zip:
 MONTICELLO, FL 32344

Title: D () Delete Title: TREA (X) Change () Addition

Name:SCMITTRS, WILLIAM JAddress:1601 SPRINGWOOD DRAddress:1601 SPRINGWOOD DRCity-St-Zip:TALLAHASSEE, FL 32308City-St-Zip:TALLAHASSEE, FL 32308

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SCHMITT TREA 02/13/2009