


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90094 033 ****61.25

DOCUMENT # N97000000136	
1. Entity Name PAAAS SILENT SURVIVAL SIGNALS, INC.	

Principal Place of Business 3511 CASA CT 12543 Spring Hill DR SPRING HILL FL 34607	Mailing Address 3511 CASA CT 12543 S. H. DR. SPRING HILL FL 34607
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE	CR2E037 (10/04)
4. FEI Number 59-3424065	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Old address CLAUDE ROBERT 3511 CASA COURT SUITE B SPRING HILL FL 34607	New address FRANK FONZO CPA FRANK FONZO 12543 Spring Hill DR Spring Hill, FL 34609
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert Quaine Founder of PAAAS Silent Survival Signals 4-05-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PCEO <input type="checkbox"/> Delete
NAME	ELAM, KEITH J
STREET ADDRESS	9436 REGENCY PARK BLVD.
CITY-ST-ZIP	PORT RICHEY FL 39668
TITLE	D <input type="checkbox"/> Delete
NAME	BROOKS, ROBERT
STREET ADDRESS	19910 BRUCE B DOWNS
CITY-ST-ZIP	TAMPA FL 33467
TITLE	CHIEF D IN OHIO <input type="checkbox"/> Delete
NAME	RUSTY, CROMER
STREET ADDRESS	13743 FOREST RIDGE CT.
CITY-ST-ZIP	HUDSON FL 34667
TITLE	T <input type="checkbox"/> Delete
NAME	FONZO, FRANK
STREET ADDRESS	12543 SPRING HOLL DR
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	D <input type="checkbox"/> Delete
NAME	MARY, PETER
STREET ADDRESS	13168 JACQUELINE ROAD
CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ELEZIBETH STRAZZULLO A
STREET ADDRESS	1662 U.S. 19 HWY. NORTH
CITY-ST-ZIP	BROOKSVILLE FL 37613

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	John Druzbick, Chas B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3461 Deltona Blvd
STREET ADDRESS	SPRING HILL, FL 34606
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Quaine Founder 4-05-05
Signature and typed or printed name of signing officer or director Date Daytime Phone #