2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002005

City-St-Zip:

CONCORD, NC 28025

Entity Name: FIRE INTERNATIONAL, INC.

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 745 CABARRUS AVE W. SUITE 240 CONCORD, NC 28027 **Current Mailing Address: New Mailing Address:** P.O. BOX 187 HARRISBURG, NC 28075 FEI Number: 59-3563742 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: WELLS, JAMES 4006 EMBERS LANDING US PENSACOLA, FL 32505 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROWN, MICHAEL L DR Name: Name: Address: 10654 TIGERTON LN Address: City-St-Zip: CHARLOTTE, NC 28269 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PETERS, WILLIAM (JOSH) E DR Name: Address: 417 PARALLEL DRIVE Address: City-St-Zip: HARRISBURG, NC 28075 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAVA, M JOHN Name: CAVA, M JOHN Name: 32210 BARTEL ST 4869 RENFREW DR Address: Address: City-St-Zip: ELBERTA, AL 32530 City-St-Zip: CONCORD, NC 28027 () Delete Title: Title: (X) Change () Addition GLADSTONE, ROBERT J Name: GLADSTONE, ROBERT J Name: 3701 PATRIOTS PLACE DRIVE 98 POPLAR WOODS DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

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CONCORD, NC 28027

VΡ SIGNATURE: DR. WILLIAM E. (JOSH) PETERS