2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002005

Entity Name: FIRE INTERNATIONAL, INC.

FILED Mar 13, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
SUITE 240	RRUS AVE W. D, NC 28027					
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX [*] HARRISBL	187 JRG, NC 2807	5				
FEI Number: 59-3563742 FEI Number Applied For () FE			FEI Number Not App	Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
PENSACO The above	ERS LANDING DLA, FL 32505	US submits this statement for the p	ourpose of changing i	its registered office or regi	stered agent, or both,	
SIGNATUR	5E∙					
01011/1101		ic Signature of Registered Age	ent	Da	te	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BROWN, MICHA 206 DENNEHY (HUNTERSVILLE	СТ	Title: Name: Address: City-St-Zip:	()Change()A	Addition	
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	VP (X) Change () / PETERS, WILLIAM (JOSH) E 9152 LOWER ROCKY RIVER CONCORD, NC 28025	DR	
Title: Name: Address: City-St-Zip:	D () CAVA, M JOHN 4869 RENFREV CONCORD, NC		Title: Name: Address: City-St-Zip:	()Change ()A	Addition	
Title: Name: Address: City-St-Zip:	D () GLADSTONE, R 98 POPLAR WC CONCORD, NC	OODS DR	Title: Name: Address: City-St-Zip:	()Change ()A	Addition	
Title: Name: Address: City-St-Zip:	D () WEAVER, WES 609 DUNDEE D PENSACOLA, F	RIVE	Title: Name: Address: City-St-Zip:	()Change()A	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. WILLIAM E. PETERS VP 03/13/2007