2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111345

FILED Jan 12, 2004 Secretary of State

Entity Name: BREVARD FIRE SAFETY, INC. **Current Principal Place of Business: New Principal Place of Business:** 5050 INDUSTRY DRIVE MELBOURNE, FL 32940 US **Current Mailing Address: New Mailing Address:** 5050 INDUSTRY DRIVE MELBOURNE, FL 32940 US FEI Number: 59-3684539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition UNGER, WALTER RYAN UNGER, WALTER RYAN Name: Name: 3740 PEACOCK DRIVE 657 SPRING LAKE DRIVE Address: Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete Title: D (X) Change () Addition Name: UNGER, WALTER RYAN Address: 3740 PEACOCK DRIVE Address: 657 SPRING LAKE DRIVE City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete Title: () Change () Addition Name: UNGER, JOHN CURTIS Name: Address: 1840 HARBOR POINT DR. Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:

 Title:
 ST () Delete
 Title:
 ST (X) Change () Addition

 Name:
 UNGER, SHARON JAMES
 Name:
 UNGER, SHARON JAMES

 Address:
 3740 PEACOCK DRIVE
 Address:
 657 SPRING LAKE DRIVE

Address: 3/40 PEACOCK DRIVE Address: 65/ SPRING LAKE DRIVE
City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: MELBOURNE, FL 32940

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

SIGNATURE: SHARON JAMES UNGER ST 01/12/2004