

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 027 \*\*\*150.00

40012817



<b>DOCUMENT # P01000115534</b> 1. Entity Name <b>AMERICAN EAGLE FIRE PROTECTION, INC.</b>																													
Principal Place of Business <b>4181 N.W. 1ST AVE STE 10 BOCA RATON, FL 33431 US</b>			Mailing Address <b>C/O W.J. TREMBLAY, PA. 1801 S FEDERAL HWY STE 219 DELRAY BEACH, FL 33483</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>CLATAX HELP INC. 1730 S. FEDERAL HWY. STE. 260</b> Suite, Apt. #, etc. City & State <b>DELRAY BEACH, FL.</b> Zip      Country <b>33483      USA</b>																											
4. FEI Number <b>03-0388264</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01162007      Chg-P      CR2E034 (12/06)																										
6. Name and Address of Current Registered Agent <b>TREMBLAY, W.J. P.A. 1801 S FEDERAL HWY STE 219 DELRAY BEACH, FL 33483</b>			7. Name and Address of New Registered Agent Name <b>TREMBLAY, W.J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1730 S. FEDERAL HWY</b> <b>STE. 260</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33483</b>																										
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 <u>W. J. Tremblay</u> DATE <u>01/31/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;">DPST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SUMMERS, DAVID W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4181 N.W. 1ST AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table>			TITLE	DPST	<input type="checkbox"/> Delete	NAME	SUMMERS, DAVID W		STREET ADDRESS	4181 N.W. 1ST AVE		CITY - ST - ZIP	BOCA RATON, FL 33431		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u>David W. Summers</u> Date <u>2/6/07</u> Daytime Phone # <u>561-239-9448</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													