

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003899

FILED
Apr 11, 2005
Secretary of State

Entity Name: FIRE PROTECTION APPLICATION SERVICES, INC.

Current Principal Place of Business:

151 MAGNOLIA WAY
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

151 MAGNOLIA WAY
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNSTEEN, MICHAEL
151 MAGNOLIA WAY
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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:

Title: PST () Delete
Name: ARNSTEEN, MICHAEL
Address: 4392 NICOLE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: V () Delete
Name: ARNSTEEN, SUSAN
Address: 4392 NICOLE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: ARNSTEEN, MICHAEL
Address: 151 MAGNOLIA WAY
City-St-Zip: TEQUESTA, FL 33469

Title: V (X) Change () Addition
Name: ARNSTEEN, SUSAN
Address: 151 MAGNOLIA WAY
City-St-Zip: TEQUESTA, FL 33469

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: MICAEL ARNSTEEN

PST

04/11/2005

Electronic Signature of Signing Officer or Director

Date