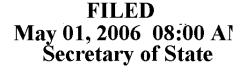
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000121150 1. Entity Name FIRE, LIFE SAFETY, & SECURITY INSTITUTE, INC. Principal Place of Business Mailing Address





950 NE 171ST STREET 950 NE 171ST STREET 208 NORTH MIAMI BEACH, FL 33162

NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

04282006 CR2E034 (11/05) No Chg-P 4. FEI Number

Applied For 14-1859285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

 The above the obligat 	named entity submits this statement for the p ions of registered agent.	urpose of changing its regis	tered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fappicable (NOTE: Rege	ntered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	TORS			<u>,,</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FREIHEIT, RICHARD J 950 NE 171ST STREET SUITE 208 NORTH MIAMI BEACH, FL 33162				
TITLE Name Street address City-St-Zip	SRVP MAMAN, SARAH 950 NE 171ST STREET, SUITE 208 NORTH MIAMI BEACH, FL 33162	,			U00000553523 05/15/06-80053-021 158.75
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
IITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE Name Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental 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 rejervity 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 atta

SIGNATURE: