

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123484

FILED
Apr 27, 2005
Secretary of State

Entity Name: FIRERANGER EXTINGUISHER SERVICE, INC.

Current Principal Place of Business:

3906 N.E. 5TH AVE.
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

3906 N.E. 5TH AVE.
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 01-0754745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, MALCOLM
112 ROYAL PARK DR., APT. 4B
OAKLAND PARK, FL 33309 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: D () Delete
Name: COOPER, MALCOLM
Address: 112 ROYAL PARK DR., APT. 4B
City-St-Zip: OAKLAND PARK, FL 33309

Title: S () Delete
Name: COOPER, NEIL
Address: 112 ROYAL PARK DR., APT. 4B
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MALCOLM COOPER

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04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date