


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90002 036 ***150.00

DOCUMENT # P03000082876 1. Entity Name PINNACLE FIRE SPRINKLERS, INC.					
Principal Place of Business 5830 LYLE ST ORLANDO, FL 32807 US			Mailing Address 215 NORTH EOLA DRIVE ORLANDO, FL 32801 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 32-0086812	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'KANE, MATTHEW R 215 N EOLA DR ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, THOMAS C JR 5830 LYLE ST ORLANDO, FL 32807 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

**LOWNDES
DROSDICK
DOSTER
KANTOR &
REED, P.A.**

Attorneys at Law

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GAIL S. ANDRÉ
PARALEGAL, CORPORATE DEPARTMENT
North Eola Drive Office
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March 16, 2006

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7005 1820 0003 0102 1596

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

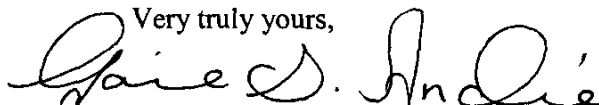
**Re: 2006 For Profit Corporation Annual Report
Pinnacle Fire Sprinklers, Inc.**

Dear Sir/Madam:

Enclosed herewith for filing please find an executed 2006 For Profit Corporation Annual Report for Pinnacle Fire Sprinklers, Inc., together with our client's check number 1988 payable to the Florida Department of State in the amount of \$150.00 representing the filing fee.

Thank you for your assistance in this matter.

Very truly yours,



Gail S. André
Corporate Paralegal to
Matthew R. O'Kane

GSA/cj
Enclosures
0105055/105343/722603/13