2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 13, 2006 8:00 am Secretary of State DOCUMENT # P03000106765 1. Entity Name 03-13-2006 90262 001 ***150.00 PREMIER SPRINKLER SYSTEMS, INC. 03-13-2006 90262 002 *****8.75 Principal Place of Business Mailing Address 5518 BAHIA VISTA ST 5518 BAHIA VISTA ST SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address 5641 Alta Vista St 5641 Alta Vista St Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0246136 Sarasota Sarasota Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired 3493B $\mathcal{G}\mathcal{E}\mathcal{G}\mathcal{H}\mathcal{E}$ USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAGLICH, DAVID S ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1515 RINGLING BLVD STE 1000 SARASOTA FL 34236 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DVST Change **Addition** TITLE Delete TITLE YODER, FREEMAN NAME NAME Yoder, Freeman 5641 Alta Vista St Sarasota FL 3433 STREET ADDRESS 5518 BAHIA VISTA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Delete DΜ ☐ Change TITLE TITLE ☐ Addition NAME YODER, DANIEL NAME STREET ADDRESS 5518 BAHIA VISTA ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 others in the province 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 others in the corporation of 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 others in the corporation of 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 others in the receiver of the receive

OF SIGNING OFFICER OR DIRECTOR

Treeman

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