2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P03000147935

Entity Name: TRITECH FALL PROTECTION SYSTEMS, INC.

Current Principal Place of Business:

4071 L.B. MCLEOD BLVD.
SUITE D
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4071 L.B. MCLEOD BLVD.
SUITE D
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 20-0483830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, RONNIE J
2021 WATER KEY DRIVE
WINDERMERE, FL 34786 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: CFO ( ) Delete
Name: ARNASON, ROY
Address: 6714 FAIRWAY COVE DR
City-St-Zip: ORLANDO, FL 32835

Title: VST ( ) Delete
Name: EMMETT, JACK
Address: 1234 21ST ST NW
City-St-Zip: CALGARY, ALBERTA T2N 2L7,

Title: P ( ) Delete
Name: JONES, RONNIE J
Address: 2021 WATER KEY DR
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition
Name: YURCHEVICH, DON
Address: BOX 105
City-St-Zip: DEWINTON, AB T0L0X0 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONNIE J JONES P 01/15/2009

Electronic Signature of Signing Officer or Director — Date