2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000020460

Entity Name: EMERGENCY EXIT SYSTEMS FLORIDA INC.

Current Principal Place of Business:

309 BALOGH PLACE
LONGWOOD, FL 32750

New Principal Place of Business:

598 SO. SUNDANCE DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

309 BALOGH PLACE
LONGWOOD, FL 32750

New Mailing Address:

598 SO. SUNDANCE DRIVE
LAKE MARY, FL 32746

FEI Number: 75-3153583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNIPES, DALE
309 BALOGH PLACE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

SNIPES, DALE
598 SO. SUNDACE DRIVE
LAKE MARY, FL 32746 US

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: DALE SNIPES 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SNIPES, HOWARD D
Address: 309 BALOGH PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete
Name: SNIPES, CANDY
Address: 309 BALOGH PLACE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SNIPES, HOWARD D
Address: 598 SO. SUNDACE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition
Name: SNIPES, CANDY
Address: 598 SO. SUNDANCE DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: DALE SNIPES P 04/30/2005
Electronic Signature of Signing Officer or Director Date