

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90002 015 ***158.75

DOCUMENT # P04000039007 1. Entity Name AUTHORITY FLOOD & FIRE, INC.																			
Principal Place of Business 541 S. STATE ROAD 7 1507 N. State Rd 7 Suite H MARGATE, FL 33068 33063		Mailing Address 541 S. STATE ROAD 7 1507 N. State Rd 7 Suite H MARGATE, FL 33068 33063																	
2. Principal Place of Business - No. P.O. Box # 1507 N. State Rd 7 Suite H		3. Mailing Address 1507 N. State Rd 7 Suite H																	
City & State Margate Florida		City & State Margate FL																	
Zip 33063		Zip FL 33063																	
Country USA		Country USA																	
4. FEI Number 56-2439892		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent KELLY, KIRK 541 S. STATE ROAD 7 1507 N. State Rd 7 Suite H MARGATE, FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>																	
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: DATE: 2/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PST </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> NAME KELLY, KIRK D </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> STREET ADDRESS 541 S. STATE ROAD 7, SUITE H </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> CITY-ST-ZIP MARGATE, FL 33068 </td> <td style="padding: 2px;"></td> </tr> </table>		TITLE PST	<input type="checkbox"/> Delete	NAME KELLY, KIRK D		STREET ADDRESS 541 S. STATE ROAD 7, SUITE H		CITY-ST-ZIP MARGATE, FL 33068		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE N/A </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> NAME N/A </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> STREET ADDRESS N/A </td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"> CITY-ST-ZIP N/A </td> <td style="padding: 2px;"></td> </tr> </table>		TITLE N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME N/A		STREET ADDRESS N/A		CITY-ST-ZIP N/A	
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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: Kirk Kelly DATE: 2/6/07 DAYTIME PHONE: 954-547-3181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																			