

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000105448

Entity Name: CAFIRE, INC.

FILED
Jul 14, 2005
Secretary of State

Current Principal Place of Business:

1004 S MARTIN LUTHER KING JR. AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4797
CLEARWATER, FL 33758 US

New Mailing Address:

FEI Number: 06-1730194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, CONNIE A MS
1004 S MARTIN LUTHER KING JR. AVE.
CLEARWATER, FL 33756 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

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ALBRECHT, DEAN T
Address: 1052 BASS BLVD
City-St-Zip: DUNEDIN, FL 34698 US

Title: DPT () Delete
Name: BLACKBURN, CONNIE A MS
Address: 1052 BASS BLVD
City-St-Zip: DUNEDIN, FL 34698 US

Title: DIR () Delete
Name: BLACKBURN, ROBERT G MR.
Address: 1112 LIVE OAK CT
City-St-Zip: CLEARWATER, FL 33756 US

Title: DS (X) Delete
Name: BELFREY, ALICIA MS
Address: 637 SE 28TH PL
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: BLACKBURN, ROBERT G MR.
Address: 1112 LIVE OAK CT
City-St-Zip: CLEARWATER, FL 33756 US

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

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: CONNIE A BLACKBURN

DP

07/14/2005

Electronic Signature of Signing Officer or Director

Date