2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90209 034 ***158.75

DOCUMENT # P04000105448

1. Entity Name
CAFIRE, INC.

Principal Place of Business
519 PAULA DR
DUNEDIN FL 34698

Mailing Address
519 PAULA DR
DUNDIN FL 34698
US

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address: PO BOX 4520

Suite, Apt. #, etc. | Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State | City & State: Clearwater FL

4. FEI Number 06-1730194 — Applied For / Not Applicable

Zip | Country | Zip: 33758 | Country: Pinellas

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, CONNIE A MS
1052 BASS BLVD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: Connie A. Blackburn
Street Address (P.O. Box Number is Not Acceptable): 1112 Live Oak Ct
City: Clearwater FL Zip Code: 33756

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: Connie A Blackburn — 3-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	PO BOX 4520	☒ Change ☐ Addition
NAME	ALBRECHT, DEAN T		NAME		
STREET ADDRESS	1052 BASS BLVD		STREET ADDRESS		
CITY ST-ZIP	DUNEDIN FL 34698		CITY ST ZIP	Clearwater FL 33758	
TITLE	DT	☐ Delete	TITLE	DT	☒ Change ☐ Addition
NAME	BLACKBURN, CONNIE A MS		NAME	Connie A Blackburn	
STREET ADDRESS	1052 BASS BLVD		STREET ADDRESS	1112 Live Oak Ct	
CITY ST ZIP	DUNEDIN FL 34698		CITY ST ZIP	Clearwater FL 33756	
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLACKBURN, ROBERT G MR.		NAME		
STREET ADDRESS	1112 LIVE OAK CT		STREET ADDRESS		
CITY ST-ZIP	CLEARWATER FL 33756		CITY ST ZIP		
TITLE	DS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FAULHABER, MICHAEL G		NAME		
STREET ADDRESS	PO BOX 7163		STREET ADDRESS		
CITY ST-ZIP	SEMINOLE FL 33775		CITY ST-ZIP		
TITLE		☐ Delete	TITLE	Sec	☐ Change ☒ Addition
NAME			NAME	Victor Walker	
STREET ADDRESS			STREET ADDRESS	1416 83RD Aven	
CITY ST-ZIP			CITY ST ZIP	St Petersburg FL	
TITLE		☐ Delete	TITLE	Dir	☐ Change ☒ Addition
NAME			NAME	Greg L. Blackburn	
STREET ADDRESS			STREET ADDRESS	1112 Live Oak Ct	
CITY ST-ZIP			CITY ST ZIP	Clearwater FL 33756	

12. I hereby certify that the information supplied with this filing does not qualify 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 other like empowered.

SIGNATURE: Connie A Blackburn — 3-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #