

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000105448

Entity Name: CAFIRE, INC.

FILED
Jul 27, 2007
Secretary of State**Current Principal Place of Business:**519 PAULA DR
DUNEDIN, FL 34698**New Principal Place of Business:**1112 LIVE OAK CT
CLEARWATER, FL 33756 US**Current Mailing Address:**PO BOX
CLEARWATER, FL 33758 US**New Mailing Address:**PO BOX 4520
CLEARWATER, FL 33758 US

FEI Number: 06-1730194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:BLACKBURN, CONNIE A MS
1112 LIVE OAK CT
CLEARWATER, FL 33756 US**Name and Address of New Registered Agent:**BLACKBURN, GREGG L MR
1112 LIVE OAK CT
CLEARWATER, FL 33756 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: GREGG L BLACKBURN

07/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: ALBRECHT, DEAN T
Address: PO BOX 4520
City-St-Zip: CLEARWATER, FL 33758 USTitle: DT () Delete
Name: BLACKBURN, CONNIE A MS
Address: 1112 LIVE OAK CT
City-St-Zip: CLEARWATER, FL 33756 USTitle: DVP () Delete
Name: BLACKBURN, ROBERT G MR.
Address: 1112 LIVE OAK CT
City-St-Zip: CLEARWATER, FL 33756 USTitle: S () Delete
Name: WALKER, VICTOR
Address: 1416 83RD AVE N
City-St-Zip: ST PETERSBURG, FLTitle: D () Delete
Name: BLACKBURN, GREGG L
Address: 1112 LIVE OAK CT
City-St-Zip: CLEARWATER, FL 33756**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DT (X) Change () Addition
Name: BLACKBURN, GREGG L MR
Address: 1112 LIVE OAK CT
City-St-Zip: CLEARWATER, FL 33756 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEAN T ALBRECHT

PRES

07/27/2007

Electronic Signature of Signing Officer or Director

Date