2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# P04000113128

Entity Name: NAPIER SPRINKLER, INC.

Current Principal Place of Business:

4277 EXCHANGE AVE #10
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4277 EXCHANGE AVE #10
NAPLES, FL 34104

New Mailing Address:

FEI Number: 30-0267597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULTS, BRIAN K
3425 29TH AVE SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

FULTS, BRIAN K
4277 EXCHANGE AVE #10
NAPLES, FL 34104 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: 05/26/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FULTS, BRIAN K
Address: 4277 EXCHANGE AVE #10
City-St-Zip: NAPLES, FL 34104

Title: V ( ) Delete
Name: NAPIER, ED
Address: 3425 29TH AVE SW
City-St-Zip: NAPLES, FL 34117

Title: S ( ) Delete
Name: FULTS, TERRY
Address: 3425 29TH AVE SW
City-St-Zip: NAPLES, FL 34117

Title: V ( ) Delete
Name: WITMER, IAN
Address: 4960 TRAINOR COURT
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: NAPIER, ED
Address: 4277 EXCHANGE AVE #10
City-St-Zip: NAPLES, FL 34104

Title: S (X) Change ( ) Addition
Name: FULTS, TERRY
Address: 4277 EXCHANGE AVE #10
City-St-Zip: NAPLES, FL 34104

Title: T (X) Change ( ) Addition
Name: WITMER, IAN
Address: 4960 TRAINOR COURT
City-St-Zip: NAPLES, FL 34112

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: BRIAN K FULTS P 05/26/2009
Electronic Signature of Signing Officer or Director — Date