
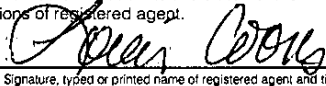
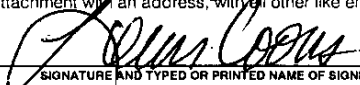


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90195 012 ***150.00

DOCUMENT # P04000137176					
1. Entity Name SPRINKLER SYSTEMS INNOVATIONS, INC.					
Principal Place of Business 289 NW 47TH TERRACE DEERFIELD BEACH, FL 33442			Mailing Address 289 NW 47TH TERRACE DEERFIELD BEACH, FL 33442		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOTO, ALEXANDER O ESQ. 915 MIDDLE RIVER DRIVE SUITE 304 FORT LAUDERDALE, FL 33304			Name Louis Coons		
			Street Address (P.O. Box Number is Not Acceptable)		
			289 NW 47th Terrace		
			City Deerfield Beach	FL	Zip Code 33442
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 01/07/06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONS, LOUIS		NAME		
STREET ADDRESS	289 NW 47TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONS, LOUIS		NAME		
STREET ADDRESS	289 NW 47TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONS, JOANNE		NAME		
STREET ADDRESS	289 NW 47 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 334429322		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			President 01/07/2006 954-427-1230		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



01032006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1988608 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required