

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035765

Entity Name: FIRE LAB 911, INC.

FILED
Aug 28, 2006
Secretary of State

Current Principal Place of Business:

8885 COUNTY BEND CIR NORTH
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

8885 COUNTY BEND CIR NORTH
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 25-1911427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CULLEN, JOHN T
7411 MIAMI LAKES DR
MIAMI LAKES, FL FL 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

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: MAUZEY, GINA
Address: 8885 COUNTYBEND CIR NORTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP (X) Delete
Name: ZAHRALBAN, JOSEPH
Address: 431 VILABELLA DR
City-St-Zip: CORAL GABLES, FL 33146

Title: SEC (X) Delete
Name: DIPUGLIA, SUSAN
Address: 7795 HOFFY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () 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 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: GINA MAUZEY

PRES

08/28/2006

Electronic Signature of Signing Officer or Director

Date