

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90163 022 ***150.00

DOCUMENT # P05000138197			
1. Entity Name FIREPROOFING TECHNOLOGIES, INC.			
Principal Place of Business 9611 US HWY. 92 EAST TAMPA, FL 33610		Mailing Address 9611 US HWY. 92 EAST TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box # 7705 KINARD ROAD		3. Mailing Address 7705 KINARD ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PLANT CITY, FL		City & State PLANT CITY, FL	
Zip 33565		Country HULLS	
4. FEI Number 20-3601678		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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 NAME RYAN, SANDRA STREET ADDRESS 9611 US HWY. 92 EAST CITY-ST-ZIP TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE PD NAME SANDRA RYAN STREET ADDRESS 9611 US HWY. 92 EAST CITY-ST-ZIP TAMPA, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSTD NAME RYAN, CHRISTOPHER STREET ADDRESS 9611 US HWY. 92 EAST CITY-ST-ZIP TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE VSTD NAME CHRISTOPHER RYAN STREET ADDRESS 7705 KINARD ROAD CITY-ST-ZIP PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: CHRIS RYAN Vice Pres. / Dent 813 484 2308 4/ (813) 484-2308			