

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000146409

Entity Name: HIGH RISE ESCAPE SYSTEMS INC

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

240 POWER CT.  
SUITE 108  
SANFORD, FL 32771

**New Principal Place of Business:**

209 MEADOW BEAUTY TERRACE  
SANFORD, FL 32771

**Current Mailing Address:**

209 MEADOW BEAUTY TERRACE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-3746697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLES, RYAN S  
209 MEADOW BEAUTY TERRACE  
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: ALLES, RYAN S  
Address: 209 MEADOW BEAUTY TERRACE  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: ALLES, SCOTT K  
Address: 1501 SHADWELL DR  
City-St-Zip: HEATHROW, FL 32746

I hereby 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 all other like empowered.

SIGNATURE: RYAN ALLES

D, P

01/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date