## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000156904

FILED May 10, 2007 Secretary of State

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Entity Nai	me: RAPID FI	RE CONTROL SYSTEMS, IN	NC.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
SUITE 3	51 STREET ACH, FL 3331	2				
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
SUITE 3	51 STREET ACH, FL 3331	2				
FEI Number:	: 22-3918704	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1840 SW 2 4TH FLOO	& UTRERA, P./ 22ND ST. )R 33145 US	Α.				
	named entity s e of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PDST () CANCEL, MONI 3990 SW 51ST DANIA BCH, FL	ST STE 3	Title: Name: Address: City-St-Zip:	P CANCEL, MO 3990 SW 51 DANIA BCH,	ST ST STE 3	
Title: Name: Address: City-St-Zip:	V () FUNDORA, FRE 3990 SW 51ST DANIA BCH, FL	ST STE 3	Title: Name: Address: City-St-Zip:	VP FUNDORA, F 3990 SW 51 DANIA BCH,	ST ST STE 3	

Title: ( ) Delete Name: Address:

Title: ( ) Delete

Name: Address: City-St-Zip:

City-St-Zip:

Title: D ( ) Change (X) Addition

7409 VIA LEONARDO

LAKE WORTH, FL 33467

NAIPAUL SINGH, JAICHAND

( ) Change (X) Addition

Name: SENGSOURINHO, DAVID
Address: 6294 GENEVA ST
City-St-Zip: LAKE WORTH, FL 33467

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MONIQUE CANCEL PRES 05/10/2007