

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118789

FILED
Jan 09, 2007
Secretary of State

Entity Name: FIVE ALARM, INC.

Current Principal Place of Business:

3550 WORK DR. B-11
FT. MYERS, FL 33916 US

New Principal Place of Business:

3550 WORK DR.
B-11
FT. MYERS, FL 33916 US

Current Mailing Address:

3550 WORK DR. B-11
FT. MYERS, FL 33916 US

New Mailing Address:

3550 WORK DR.
B-11
FT. MYERS, FL 33916 US

FEI Number: 20-5544661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, GLENN J
4680 FAIRLOOP RUN
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

SULLIVAN, GLENN J
8713 PEGASUS DR
LEHIGH ACRES, FL 33971 US

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: GLENN SULLIVAN

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLIVAN, GLENN J
Address: 4680 FAIRLOOP RUN
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP () Delete
Name: SULLIVAN, BRIAN M
Address: 2489 ABSCOTT ST
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: S () Delete
Name: SULLIVAN, BRIAN M
Address: 2489 ABSCOTT ST
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T () Delete
Name: SCHOFIELD, TOM
Address: 15821 COUNTRY CT
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, GLENN J
Address: 8713 PEGASUS DR
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP (X) Change () Addition
Name: SULLIVAN, BRIAN M
Address: 1564 HAYWORTH ST
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: S (X) Change () Addition
Name: SULLIVAN, BRIAN M
Address: 1564 HAYWORTH ST
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: GLENN SULLIVAN

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

Date