2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P94000032381

Entity Name: NATIONAL FIRE SPRINKLERS, INC.

Current Principal Place of Business:

5889 SOUTH WILLIAMSON BLVD.
SUITE 214
PORT ORANGE, FL 32128 US

New Principal Place of Business:

2808 HIBISCUS
UNIT # 8
EDGEWATER, FL 32141 US

Current Mailing Address:

P.O. BOX 889
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 65-0472088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAIG, KAMM
2291 SOUTH GLENCOE ROAD
NEW SMYRNA BEACH, FL 32128 US

Name and Address of New Registered Agent:

CRAIG, KAMM
2291 SOUTH GLENCOE ROAD
NEW SMYRNA BEACH, FL 32168 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: _____ 03/28/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KAMM, CRAIG S
Address: 2291 S GLENCOE RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete
Name: STEVENTON, BEVERLY
Address: 2291 S GLENCOE RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: S ( ) Delete
Name: RISPOLI, CLIFFORD L
Address: 1732 CAROLINA AVE.
City-St-Zip: ORMOND BEACH, FL 32174

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: CRAIG S. KAMM P 03/28/2006
Electronic Signature of Signing Officer or Director — Date