
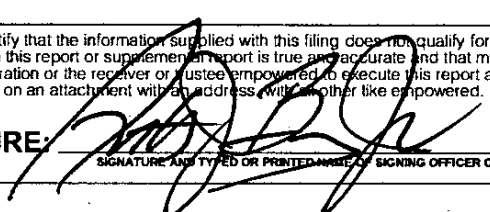


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 037 ***158.75

DOCUMENT # P96000019328 1. Entity Name BORRELL FIRE SYSTEMS, INC.					
Principal Place of Business 3536 N NEBRASKA AVE TAMPA, FL 33603			Mailing Address 3536 N NEBRASKA AVE TAMPA, FL 33603		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 172119 Suite, Apt. #, etc.			
City & State 		City & State Tampa, FL		4. FEI Number 59-3365347	
Zip 		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRELL, ANTHONY J 3536 N NEBRASKA AVE TAMPA, FL 33603				7. Name and Address of New Registered Agent Name BORRELL, ANTHONY J. JR. Street Address (P.O. Box Number is Not Acceptable) 4101 N. Florida Ave City Tampa FL 33603	
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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD BORRELL, ANTHONY J JR 3536 N NEBRASKA AVE TAMPA, FL 33603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS HOLTZ, MICHAEL 4101 N FLORIDA AVE TAMPA, FL 33603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, DONALD R 4101 N FLORIDA AVE TAMPA, FL 33603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 another like empowered.			SIGNATURE 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/24/06 Daytime Phone # 813-251-5050		

158.75