

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 035 ***150.00

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|---|---|
| DOCUMENT # P96000039473 1. Entity Name FIRE SAFETY, INC. |  |
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| Principal Place of Business 2721 ROOSEVELT BLVD. CLEARWATER, FL 33760-2502 US | Mailing Address P O BOX 17371 CLEARWATER, FL 33762-0371 US |
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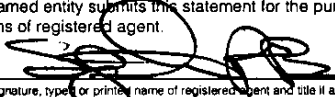
01112007 No Chg-P CR2E034 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 59-3377291 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BUSSINAH, STEPHEN P 2721 ROOSEVELT BLVD CLEARWATER, FL 33760-2502 |
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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.

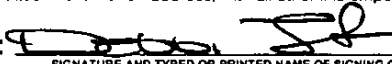
SIGNATURE  President 1/31/07
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP BUSSINAH, STEPHEN P 2721 ROOSEVELT BLVD. CLEARWATER, FL 337602502 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SCOTT, BYRON J 2721 ROOSEVELT BLVD. CLEARWATER, FL 337602502 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BAYOOD, MINA D 2721 ROOSEVELT BLVD. CLEARWATER, FL 337602502 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD JORDAN, DEBBI W 2721 ROOSEVELT BLVD. CLEARWATER, FL 337602502 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 all other like empowered.

SIGNATURE:  Treasurer 1/31/07 523 1843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #