

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000032783

Entity Name: CPR SYSTEMS, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

2539 OLD OKEECHOBEE ROAD, STE. 4
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2539 OLD OKEECHOBEE ROAD, STE. 4
WEST PALM BEACH, FL 33409

New Mailing Address:

11016 81ST COURT NORTH
WEST PALM BEACH, FL 33412

FEI Number: 65-0813802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFORTH, RON
2539 OLD OKEECHOBEE ROAD, STE. 4
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

GOFORTH, RON
11016 81ST COURT NORTH
WEST PALM BEACH, FL 33412 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: RON GOFORTH

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOFORTH, RON
Address: 2539 OLD OKEECHOBEE RD., #4
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOFORTH, RON
Address: 11016 81ST COURT NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RON GOFORTH

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date