2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074189

OVIEDO, FL 32765

City-St-Zip:

Entity Name: ONSITE SAFETY SYSTEMS, INC.

FILED Feb 02, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
472 SOUTH ECON CIR., SUITE 1040 OVIEDO, FL 32765			562 SOUTH ECON CIF OVIEDO, FL 32765	562 SOUTH ECON CIR., SUITE 1040 OVIEDO, FL 32765	
Current M	lailing Addre	ss:	New Mailing Address:		
472 SOUTH ECON CIR., SUITE 1040 OVIEDO, FL 32765			562 SOUTH ECON CIR., SUITE 1040 OVIEDO, FL 32765		
FEI Number: 59-3593047		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ORLANDO The above	GROVE CHA D, FL 32820	US	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (AULT, JAY 1106 MARTIN WINTER PARK		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	VP (AULT, JOSEPH 1300 FERN FO		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: JAY AULT CEO 02/02/2005