

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90080 019 ***150.00

DOCUMENT # P99000079881					
1. Entity Name ALLIED SAFETY SYSTEMS, INC.					
Principal Place of Business 4060 RUBY ST SANFORD, FL 32771			Mailing Address 5224 W SR-46 PMB 405 SANFORD, FL 32771		
2. Principal Place of Business 647 Progress Way Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Sanford, FL		City & State		4. FEI Number 59-3597620	
Zip 32771		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNEY, LANCE 4975 FAWN RIDGE PLACE SANFORD, FL 32771			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>LANCE BURNEY</u> <u>1/19/2005</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	D BURNEY, LANCE 4975 FAWN RIDGE PLACE SANFORD, FL 32771		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>LANCE BURNEY</u>			Date <u>1/19/2005</u> <u>407-328-9479</u> <small>Daytime Phone #</small>		