


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # S56923 1. Entity Name FIRE/RECONSTRUCTION CONSULTANTS, INC.		
Principal Place of Business 433 JOHNSON AVE. CAPE CANAVERAL, FL 32920 US	Mailing Address PO BOX DRAWER 307 CAPE CANAVERAL, FL 32920 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GODFREY, WALTER P., JR. 433 JOHNSON AVE. CAPE CANAVERAL, FL 32920		
DO NOT WRITE IN THIS SPACE		
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	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	D GODFREY, WALTER P., JR. PO DRAWER 307 N/A CAPE CANAVERAL, FL	DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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 duly empowered.		
SIGNATURE: <i>Walter P. Godfrey, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/19/05 Daytime Phone #: 321-868-7890



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0271528	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/22/05-80102-023 158.75