2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97367

Entity Name: WARNING SYSTEMS, INC.

FILED Mar 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 579 PINE RANCH E. RD OSPREY, FL 34229 **Current Mailing Address: New Mailing Address:** 579 PINE RANCH E. RD OSPREY, FL 34229 FEI Number: 65-0320700 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: HARDEMAN, THOMAS P. 579 PINE RANCH E. RD OSPREY, FL 34229 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MITZEL, RICHARD M., Name: Name: MITZEL, RICHARD M., 101 E. KENNEDY BLVD 1007 W. CLEVELAND ST Address: Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33606 VΡ Title: Title: () Delete () Change () Addition Name: MARTIN, RICHARD A Name: 2301 RINGLING ROAD Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: () Delete Title: Title: PS () Change () Addition HARDEMAN, THOMAS P., Name: Name: 579 PINE RANCH E. RD Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: () Delete Title: () Change () Addition CHUMBLEY, KENNETH Name: Name: Address: 5128 LEATH DR Address: City-St-Zip: City-St-Zip: NASHVILLE, TN 37211 Title: () Delete Title: (X) Change () Addition SWANSON, JOHN P. SWANSON, JOHN P. Name: Name: 145 WINDING MEADOW DR Address: 1 VALOIS PLACE Address: HENDERSONVILLE, NC 28739 City-St-Zip: FLAT ROCK, NC 28731 City-St-Zip: Title: () Delete Title: () Change () Addition OWEN, BOB F. Name: Name: 811 BEN LOMOND DRIVE Address: Address: City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 33617

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: THOMAS P. HARDEMAN PS 03/21/2005