2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# S97367

Entity Name: WARNING SYSTEMS, INC.

Current Principal Place of Business:

579 PINE RANCH E. RD
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

579 PINE RANCH E. RD
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 65-0320700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEMAN, THOMAS P.
579 PINE RANCH E. RD
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	MITZEL, RICHARD M.,	
Address:	1520 W. CLEVELAND ST.	
City-St-Zip:	TAMPA, FL 33606	
Title:	VP	( ) Delete
Name:	MARTIN, RICHARD A	
Address:	2301 RINGLING ROAD	
City-St-Zip:	SARASOTA, FL	
Title:	PS	( ) Delete
Name:	HARDEMAN, THOMAS P.,	
Address:	579 PINE RANCH E. RD	
City-St-Zip:	OSPREY, FL 34229	
Title:	D	( ) Delete
Name:	CHUMBLEY, KENNETH	
Address:	617 MEADOWS CRT	
City-St-Zip:	RANTOUL, IL 61866	
Title:	C	( ) Delete
Name:	SWANSON, JOHN P.	
Address:	1 VALOIS PLACE	
City-St-Zip:	HENDERSONVILLE, NC 28739	
Title:	D	( ) Delete
Name:	OWEN, BOB F.	
Address:	811 BEN LOMOND DRIVE	
City-St-Zip:	TEMPLE TERRACE, FL 33617	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 P 03/18/2008

Electronic Signature of Signing Officer or Director Date