## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71827

FILED Mar 30, 2009 Secretary of State

Entity Name: LIFE SAFETY DESIGNS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3038 LENOX AVE JACKSONVILLE, FL 32254 LIS **Current Mailing Address: New Mailing Address:** 3038 LENOX AVE JACKSONVILLE, FL 32254 US FEI Number: 59-3153830 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: ELKSNIS, DARRYL A ELKSNIS, DARRYL A 4000 TOWNSEND BLVD 1822 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32205 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: DARRYL A. ELKSNIS 03/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ELKSNIS, DARRYL A, Name: Name: 1822 EDGEWOOD AVE S Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: Title: DST () Delete Title: () Change () Addition GARDNER, GRANT, Name: Name: 7451 E. RIDGE ESTATES DRIVE Address: Address: GLEN SAINT MARY, FL 32040 City-St-Zip: 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: DARRYL A. ELKSNIS DP 03/30/2009