

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004344

Entity Name: DOMESTIC SECURITIES, INC.

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

160 SUMMIT AVENUE
MONTVALE, NJ 07645

New Principal Place of Business:

Current Mailing Address:

160 SUMMIT AVENUE
MONTVALE, NJ 07645

New Mailing Address:

FEI Number: 22-2682329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEFTS, MARK PRES
PO BOX 446
SANIBEL, FL 33957 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: PST () Delete
Name: SHEFTS, MARK
Address: 160 SUMMIT AVENUE
City-St-Zip: MONTVALE, NJ 07645

Title: CD () Delete
Name: SHEFTS, MARK
Address: 160 SUMMIT AVENUE
City-St-Zip: MONTVALE, NJ 07645

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: SHEFTS, MARK
Address: 160 SUMMIT AVENUE
City-St-Zip: MONTVALE, NJ 07645

Title: S (X) Change () Addition
Name: HOUTKIN, HARVEY
Address: 160 SUMMIT AVENUE
City-St-Zip: MONTVALE, NJ 07645

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SHEFTS

PT

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date