

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


05-05-2006 90191 012 ***150.00
FILED
 F0500000446

2006 JUL -3 PM 3:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

DOCUMENT # F0500000446					
1. Entity Name WACKENHUT HOMELAND SECURITY, INC.					
Principal Place of Business 4200 WACKENHUT DRIVE, SUITE 100 PALM BEACH GARDENS FL 33410		Mailing Address 4200 WACKENHUT DRIVE, SUITE 100 PALM BEACH GARDENS FL 33410			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 550891418	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent KILBRIDE, ROBERT L 4200 WACKENHUT DRIVE, SUITE 100 PALM BEACH GARDENS FL 33410			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL					
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 rev/directing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, JOHN H	NAME			
STREET ADDRESS	4200 WACKENHUT DRIVE, SUITE 100	STREET ADDRESS			
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	CITY- ST- ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDLACK, ANDREW	NAME			
STREET ADDRESS	4200 WACKENHUT DRIVE, SUITE 100	STREET ADDRESS			
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Robert L. Kilbride		
STREET ADDRESS		STREET ADDRESS	4200 Wackenhut Dr. Ste 100		
CITY- ST- ZIP		CITY- ST- ZIP	Palm Beach Gardens, FL 33410		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Gary A. Sanders		
STREET ADDRESS		STREET ADDRESS	4200 Wackenhut Dr. Ste 100		
CITY- ST- ZIP		CITY- ST- ZIP	Palm Beach Gardens, FL 33410		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	Marc Shapiro		
STREET ADDRESS		STREET ADDRESS	4200 Wackenhut Dr. Ste 100		
CITY- ST- ZIP		CITY- ST- ZIP	Palm Beach Gardens, FL 33410		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or 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 like empowered.					
SIGNATURE: <i>John N. Robbins</i>			JOHN N. ROBBIN TREASURER, Y.P. 4-26-06 SEC.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____ Daytime Phone # _____		