
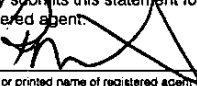


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90068 016 ***150.00

DOCUMENT # F9600003568				
1. Entity Name ARGENBRIGHT SECURITY, INC.				
Principal Place of Business 2000 RIVER EDGE PKWY, GL-100 ATLANTA, GA 30328		Mailing Address 2000 RIVER EDGE PKWY, GL-100 ATLANTA, GA 30328		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1709865
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
			Zip Code	
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 		DATE <u>1-26-05</u>		
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	CEO	<input checked="" type="checkbox"/> Delete	TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATON, DAVID		NAME	<i>Badham, Keith</i>
STREET ADDRESS	2000 RIVER EDGE PKWY, GL-100		STREET ADDRESS	<i>2000 Riveredge Pkwy GL-100</i>
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP	<i>Atlanta GA 30328</i>
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOUR, WILLIAM		NAME	
STREET ADDRESS	2000 RIVER EDGE PKWY, GL-100		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMNER, JOHN		NAME	
STREET ADDRESS	2000 RIVER EDGE PKWY, GL-100		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP	
TITLE	TCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERIDGE, PAUL		NAME	
STREET ADDRESS	2000 RIVER EDGE PKWY, GL-100		STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP	
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	
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 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 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: _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #