


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000005268	
1. Entity Name SECURITY SCHOLARSHIP SOCIETY, INC.	

Principal Place of Business 755 RINEHART RD. LAKE MARY, FL 32794-8402	Mailing Address PO BOX 958402 LAKE MARY, FL 32794-8402
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3220126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	DO NOT WRITE IN THIS SPACE
SILL, STEPHEN M 755 RINEHART RD. LAKE MARY, FL 32794-8402	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIST, GEORGE R 4491 WANDER LANE SALT LAKE CITY, UT 84117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIST, SCOTT M 7 WANDERWOOD WAY SANDY, UT 84092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILL, STEPHEN M 755 RINEHART RD. LAKE MARY, FL 327948402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/07-80055-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: *Diana C. Olson* **DIANA C. OLSON** 1-26-07 (801) 264-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT/CONTROLLER Date Daytime Phone #