



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90059 042 \*\*\*158.75

<b>DOCUMENT # P00000050244</b> 1. Entity Name <b>NEXTECH SECURITY, INC.</b>					
Principal Place of Business 2009 SW CATALINA TERR PORT SAINT LUCIE, FL 34953		Mailing Address 2009 SW CATALINA TERR PORT SAINT LUCIE, FL 34953			
2. Principal Place of Business - No P.O. Box # <b>1321 SW STONY AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 882455</b> Suite, Apt. #, etc.			
City & State <b>PORT SAINT LUCIE, FLORIDA</b>		City & State <b>PORT St. LUCIE, FLORIDA</b>		01202008 Chg-P CR2E034 (12/06)	
Zip <b>34953</b>		Country <b>USA</b>		4. FEI Number <b>65-1010073</b>	
Zip <b>34988</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALFONSO, GUILLERMO F</b> 2009 SW CATALINA TER PORT SAINT LUCIE, FL 34953				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>1321 SW STONY AVENUE</b> City <b>PORT SAINT LUCIE</b> <b>FL</b> Zip Code <b>34953</b>	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, GUILLERMO F 2009 SW CATALINA TERRACE PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1321 SW STONY AVENUE</b> <b>PORT SAINT LUCIE, FLORIDA 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFONSO, MARGARITA 2009 SW CATALINA TERRSNO PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1321 SW STONY AVENUE</b> <b>PORT St. LUCIE, FLORIDA 34953</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u>Margarita Alfonso</u> <b>MARGARITA ALFONSO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>04/09/08</b>		Daytime Phone #: <b>(772) 288-0105</b>