

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050244

Entity Name: NEXTECH SECURITY, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1321 SW STONY AVENUE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

New Mailing Address:

9304 FIRENZE DRIVE
#208
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

PO BOX 882455
PORT SAINT LUCIE, FL 34988 US

FEI Number: 65-1010073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, GUILLERMO F
1321 SW STONY AVENUE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

ALFONSO, GUILLERMO F
9304 FIRENZE DRIVE
#208
PALM BEACH GARDENS, FL 33418 US

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: MARGARITA ALFONSO 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFONSO, GUILLERMO F
Address: 1321 SW STONY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete
Name: ALFONSO, MARGARITA
Address: 1321 SW STONY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALFONSO, GUILLERMO F
Address: 9304 FIRENZE DRIVE, #208
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP (X) Change () Addition
Name: ALFONSO, MARGARITA
Address: 9304 FIRENZE DRIVE, #208
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: MARGARITA ALFONSO VP 04/30/2009

Electronic Signature of Signing Officer or Director Date