

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 08, 2006  
Secretary of State**

DOCUMENT# P03000152362

Entity Name: FORELINE SECURITY, INC.

**Current Principal Place of Business:**8419 SUNSTATE STREET  
TAMPA, FL 33634**New Principal Place of Business:****Current Mailing Address:**8419 SUNSTATE STREET  
TAMPA, FL 33634**New Mailing Address:**

FEI Number: 20-0502573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**ANDERSON, DAVID T  
200 1ST AVENUE  
UNIT 311  
ST. PETERSBURG, FL 33706 US**Name and Address of New Registered Agent:**ANDERSON, DAVID T  
8419 SUNSTATE STREET  
TAMPA, FL 33634 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:

Electronic Signature of Registered Agent

12/08/2006

Date

**OFFICERS AND DIRECTORS:**Title: PCEO ( ) Delete  
Name: ANDERSON, DAVID T  
Address: 200 1ST AVENUE, UNIT 311  
City-St-Zip: ST. PETERSBURG, FL 33706 USTitle: SECT ( ) Delete  
Name: HIGBEE, R A  
Address: 501 EAST KENNEDY BLVD, SUITE 1700  
City-St-Zip: TAMPA, FL 33602 USTitle: COO ( ) Delete  
Name: NAIL, DAVID A  
Address: 4010 VALRICO GROVE DRIVE  
City-St-Zip: VALRICO, FL 33594 USTitle: CFO ( ) Delete  
Name: NAIL, DAVID A  
Address: 4010 VALRICO GROVE DRIVE  
City-St-Zip: VALRICO, FL 33594 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PCEO (X) Change ( ) Addition  
Name: ANDERSON, DAVID T  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 USTitle: SECT (X) Change ( ) Addition  
Name: MURRAY, JACK  
Address: 1700 MACDILL AVE, SUITE 200  
City-St-Zip: TAMPA, FL 33629 USTitle: COO (X) Change ( ) Addition  
Name: NAIL, DAVID A  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 USTitle: CFO (X) Change ( ) Addition  
Name: NAIL, DAVID A  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 USTitle: CHRM ( ) Change (X) Addition  
Name: BERTRON, STEWART  
Address: 1700 MACDILL AVE, SUITE 220  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. NAIL

Electronic Signature of Signing Officer or Director

COO

12/08/2006

Date