

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000152362

FILED  
May 15, 2008  
Secretary of State

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:

NAIL, DAVID A  
8419 SUNSTATE STREET  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ICEO ( ) Delete  
Name: NAIL, DAVID A  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 US

Title: SECT ( ) Delete  
Name: SLEDGE, LARRY  
Address: 1700 MACDILL AVE, SUITE 200  
City-St-Zip: TAMPA, FL 33629 US

Title: COO ( ) Delete  
Name: NAIL, DAVID A  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 US

Title: CFO ( ) Delete  
Name: NAIL, DAVID A  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 US

Title: CHRM ( ) Delete  
Name: BERTRON, STEWART  
Address: 1700 MACDILL AVE, SUITE 220  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: BAMBACH, JOHN E  
Address: 8419 SUNSTATE STREET  
City-St-Zip: TAMPA, FL 33634 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID A NAIL

CFO

05/15/2008

Electronic Signature of Signing Officer or Director

Date