2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052777

City-St-Zip:

FLORIDA CITY, FL 33034

Entity Name: SECURITY SYSTEMS SOLUTIONS, CORP

FILED Jan 14, 2008 Secretary of State

| Littly Name: SECORIT STOTEMS SOLUTIONS, CORP | | | | | | |
|--|--|----------------------------------|---|--|--------------------------|--|
| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
| 8211 NW 6 | 64 ST | | | | | |
| #8 MIAMI, FL | 33166 US | 3 | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 8211 NW 6 | 64 ST | | | | | |
| #8 MIAMI, FL | 33166 US | 3 | | | | |
| FEI Number: | 20-4711285 | FEI Number Applied For () | FEI Number Not App | icable () Certificate | of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | |
| MARTIN, EDUARDO 10040 NW 9TH ST CIR 202 MIAMI, FL 331725132 US | | | 725 NW 12 | MARTIN, EDUARDO 725 NW 126 CT MIAMI, FL 33182 US | | |
| The above in the State | named entity of Florida. | submits this statement for the p | urpose of changing i | ts registered office or reç | gistered agent, or both, | |
| SIGNATURE: | | | | 01/14/2008 | | |
| | Electro | onic Signature of Registered Age | ent | D | ate | |
| Election Cam | npaign Financi | ng Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | MARTIN, EDU | H ST CIR 202 | Title: Name: Address: City-St-Zip: | DP (X) Change (MARTIN, EDUARDO 725 NW 126 CT MIAMI, FL 33182 |) Addition | |
| Title: Name: Address: City-St-Zip: | DV (RODRIGUEZ 11109 SW 15 MIAMI, FL 33 | 4 PL | Title: Name: Address: City-St-Zip: | ()Change() |) Addition | |
| Title: Name: Address: | DC (RODRIGUEZ 705 SW 12TH | | Title: Name: Address: | () Change() |) Addition | |

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.

City-St-Zip:

SIGNATURE: EDUARDO MARTIN DP 01/14/2008