

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 JUL 15 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40046 1. Entity Name SENTINEL SECURITY PLANS, INC.			
Principal Place of Business 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON, TX 77019		Mailing Address 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON, TX 77019	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		Name <i>6/28/05 90001 008 \$150.00</i>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	P
NAME	MARCH, KENNETH A	NAME	THOMAS M REICHERT
STREET ADDRESS	1929 ALLEN PKWY	STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	HOUSTON TX 77019
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V	TITLE	
NAME	ALLEN, JOSEPH	NAME	
STREET ADDRESS	1929 ALLEN PKWY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	MARSHALL, JUDITH M	NAME	
STREET ADDRESS	1929 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	LORING, HARRIS E III	NAME	
STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77016	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	ISAAC, KATHLEEN	NAME	
STREET ADDRESS	1929 ALLEN PKWY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	D
NAME	MARCH, KENNETH A	NAME	THOMAS M REICHERT
STREET ADDRESS	1929 ALLEN PARKWAY	STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	HOUSTON TX 77019
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>HARRIS E LORING III</i>		Date: <i>713-522-5141</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	