

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106084

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: SECURITY CONSULTING, INC.

## Current Principal Place of Business:

C/O KENT SECURITY SERVICES, INC.  
14600 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

C/O KENT SECURITY SERVICES, INC.  
14600 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33181

## New Mailing Address:

FEI Number: 65-0969438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALEXANDER, SHLOMY  
14600 BISCAYNE BLVD  
MIAMI, FL 33181    US

## Name and Address of New Registered Agent:

ALEXANDER, SHLOMI  
14600 BISCAYNE BLVD  
MIAMI, FL 33181    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: SHLOMI ALEXANDER

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALEXANDER, SHLOMI  
Address: 14600 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

Title: VP ( ) Delete  
Name: ALEXANDER, ORLY  
Address: 14600 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

Title: VPT ( ) Delete  
Name: NEUMAN, GIL  
Address: 14600 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GIL NEUMAN

VPT

02/02/2009

Electronic Signature of Signing Officer or Director

Date