2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000167932

1. Entity Name
ALANIS SECURITY, INC.

Principal Place of Business	Mailing Address
7220 NW 36TH STREET SUITE 429 MIAMI, FL 33166	7220 NW 36TH STREET SUITE 429 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

07252007   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-1238039	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AJAGBE, AUGUSTINE
7220 NW 36TH STREET SUITE 429
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE
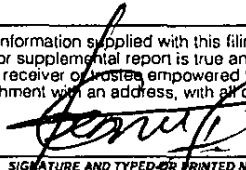
FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	AJAGBE, AUGUSTINE
STREET ADDRESS	7220 NW 36TH STREET SUITE 429
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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08/17/07-80004-007 559.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ AUGUSTINE O. AJAGBE   08/08/07 (305) 593-8233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #