2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# F01000003730

Entity Name: STORM SECURITY, LTD., INC.

Current Principal Place of Business:

1223 SOUTH MAIN STREET
LONDON, KY 40741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 927
LONDON, KY 407430927

New Mailing Address:

FEI Number: 61-1006262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: STORM, JOHN P
Address: 1223 SOUTH MAIN STREET
City-St-Zip: LONDON, KY 40741

Title: V ( ) Delete
Name: STORM, JAMES H
Address: 1223 SOUTH MAIN STREET
City-St-Zip: LONDON, KY 40741

Title: V ( ) Delete
Name: STORM, MILDRED
Address: 1223 SOUTH MAIN STREET
City-St-Zip: LONDON, KY 40741

Title: STD ( ) Delete
Name: STORM, MILLI GAIL
Address: 1223 SOUTH MAIN STREET
City-St-Zip: LONDON, KY 40741

Title: D ( ) Delete
Name: STORM, RICHARD D
Address: 202 EASTERN AVENUE
City-St-Zip: CARLISLE, K6 40311

Title: D ( ) Delete
Name: STORM, JAMES H
Address: 114 SUNNYSIDE LANE
City-St-Zip: LONDON, K6 40741

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:

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: MILLI GAIL STORM STD 01/09/2008

Electronic Signature of Signing Officer or Director — Date