2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2008 08:00 Al Secretary of State DOCUMENT # P98000065333 SEKURITY DEVELOPMENT, INC. Principal Place of Business Mailing Address 25 WEST FLAGLER ST. 25 WEST FLAGLER ST. PENTHOUSE PENTHOUSE MIAMI, FL 33130 MIAMI, FL 33130 No Chg-P CR2E034 (11/05) 01172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0853468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUBICKI, STEVEN E DO NOT WRITE 25 WEST FLAGLER ST. **PENTHOUSE** IN THIS SPACE MIAMI, FL 33130 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 -U000000886810 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KUBICKI, STEVEN E STREET ADDRESS 25 WEST FLAGLER ST/PENTHOUSE 19 10 13 CITY-ST-ZIP MIAMI, FL 33130 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 received 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:

NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OF DIRECTOR

FILED