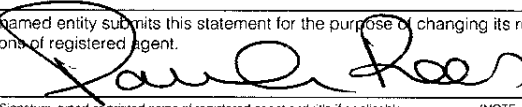


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90307 035 \*\*\*150.00

<b>DOCUMENT # 519172</b> 1. Entity Name <b>MICHAEL SAUNDERS SECURITY CORP.</b>					
Principal Place of Business <b>1801 MAIN ST. SARASOTA, FL 34236</b>			Mailing Address <b>1801 MAIN ST. SARASOTA, FL 34236</b>		
2. Principal Place of Business <b>100 S. WASHINGTON BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>100 S. WASHINGTON BLVD.</b> Suite, Apt. #, etc.		<b>94049566</b> 	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>		4. FEI Number <b>59-1706377</b>	
Zip <b>34236</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REES, PAULA</b> <b>1801 MAIN STREET</b> <b>SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>100 S. WASHINGTON BLVD.</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>	
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:  <b>Paula Rees</b> DATE: <b>04-06-04</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SAUNDERS, MICHAEL 1801 MAIN ST. SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 100 S. WASHINGTON BLVD SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT EISEMAN, SAUL 1801 MAIN ST. SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 100 S. WASHINGTON BLVD. SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKS, RON 1801 MAIN ST SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 S. WASHINGTON BLVD. SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REES, PAULA 1801 MAIN ST SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPST 100 S. WASHINGTON BLVD. SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, DRAYTON 1801 MAIN ST SARASOTA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 S. WASHINGTON BLVD. SARASOTA FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAUL ELIZALDE 100 S. WASHINGTON BLVD. SARASOTA FL 34236		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:  <b>Paula Rees</b>			Date: <b>04-06-04</b> Daytime Phone #: <b>941-953-7900</b>		