


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 519172 1. Entity Name MICHAEL SAUNDERS SECURITY CORP.	
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Principal Place of Business 100 S. WASHINGTON BLVD. SARASOTA, FL 34236 US	Mailing Address 100 S. WASHINGTON BLVD. SARASOTA, FL 34236 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1706377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REES, PAULA
 100 S. WASHINGTON BLVD.
 SARASOTA, FL 34236

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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: *Paula Rees* DATE: 01-23-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000706269
 04/24/07-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAUNDERS, MICHAEL 100 S. WASHINGTON BLVD. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKS, RON 100 S. WASHINGTON BLVD. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST REES, PAULA 100 S. WASHINGTON BLVD. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, DRAYTON 100 S. WASHINGTON BLVD. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ELIZALDE, RAUL 100 S. WASHINGTON BLVD. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Paula Rees* DATE: 01-23-07

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