2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 11, 2007 8:00 am Secretary of State DOCUMENT # F00000004743 05-11-2007 90037 007 ***150.00 1. Entity Name MCCOY SECURITY, INC. 40111399 Principal Place of Business Mailing Address 3487 N.W. 167TH STREET 3487 N.W. 167TH STREET MIAMI, FL 33056 MIAMI, FL 33056 CR2E034 (11/05) 04252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3429748 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCOY, GILBERT N DO NOT WRITE **3487 NW 167TH STREET** MIAMI, FL 33014 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 DATE 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCCOY, GIL N NAME 3487 N.W. 167TH STREET STREET ADDRESS MIAMI, FL 33056 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Elock 10 or Block 11 if changed, or on an attachment with a paddress, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

4-30-07

312-322-4900

FILED