


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90011 017 ***150.00

DOCUMENT # F02000004441	
1. Entity Name SECURITY SERVICES & TECHNOLOGIES, INC.	

Principal Place of Business 2450 BLVD. OF THE GENERALS NORRISTOWN, PA 19403	Mailing Address % CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30030034



03082005 Chg-P CR2E034 (10/03)

4. FEI Number 23-2425095	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNICK, JAY	NAME	
STREET ADDRESS	2450 BLVD. OF THE GENERALS	STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN, PA 19403	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNICK, JAYS	NAME	Jay S. Hennick
STREET ADDRESS	1140 BAY ST STE 4000	STREET ADDRESS	1140 Bay Street, Suite 4000
CITY-ST-ZIP	TORONTO, ONTARIO CANADA, CA m55 2b4	CITY-ST-ZIP	Toronto, Ontario M5S 2B4
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, FRANK	NAME	
STREET ADDRESS	2450 BLVD. OF THE GENERALS	STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN, PA 19403	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHOLA, JOHN	NAME	
STREET ADDRESS	2450 BLVD. OF THE GENERALS	STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN, PA 19403	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, D SCOTT	NAME	D. Scott Patterson
STREET ADDRESS	1140 BAY ST STE 4000	STREET ADDRESS	1140 Bay Street, Suite 4000
CITY-ST-ZIP	TORONTO ONTARIO CANADA, CA m55 2b4	CITY-ST-ZIP	Toronto, Ontario M5S2B4
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDRICHSEN, JOHN B	NAME	
STREET ADDRESS	1140 BAY ST STE 4000	STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA, CA m55 2b4	CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #