


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000020 1. Entity Name SOI SECURITY, INC.	
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Principal Place of Business STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132	Mailing Address STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1470854	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CASTLEBERRY, JAMES D STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PHILLIPS, CINDY STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARSHALL, BARRY STE. 370, 2741 NONCONNAH BLVD. MEMPHIS, TN 38132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/16/04-80043-022 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Cindy Phillips Cindy Phillips 1-13-04 901-346-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #