


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F0300000020 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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01042005 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"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_

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

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

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
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000000207117  
 02/01/05-80034-003 158.75

**DO NOT WRITE 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)(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: Cindy Phillips 1/26/05 901-346-7746  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #