

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90397 047 ***150.00

DOCUMENT # F04000001558					
1. Entity Name ALPHA SECURITY PRODUCTS, INC. <i>Invue Security Products Inc.</i>					
Principal Place of Business <i>15015 Lancaster Highway</i> 11620 COMMUNITY HOUSE ROAD CHARLOTTE, NC 28277			Mailing Address 5553 WHIPPLE AVE NW SUITE #5 CANTON, OH 44720		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<div style="text-align: center;"> 04212008 Chg-P CR2E034 (12/06) </div>	
4. FEI Number 34-1526357				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 KRATZER, CHRISTIAN 1 CAMMACK DRIVE MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PC NAME SANKEY, JAMES STREET ADDRESS 11620 COMMUNITY HOUSE ROAD <i>15015 Lancaster Highway</i> CITY-ST-ZIP CHARLOTTE, NC 28277	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE VTD NAME MOOCK, ANDREW STREET ADDRESS 1510 FOURTH STREET SE <i>5553 Whipple Ave.</i> CITY-ST-ZIP CANTON, OH 44707 <i>N Canton, OH 44720</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE S NAME EFFREMOFF, ANTHONY E STREET ADDRESS 1000 UNIZAN PLAZA, 220 MARKET AVE SOUTH CITY-ST-ZIP CANTON, OH 44702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE D NAME HOLDEN, LOIS STREET ADDRESS 1510 4TH STREET SE <i>5553 Whipple Ave.</i> CITY-ST-ZIP CANTON, OH 44707 <i>N Canton, OH 44720</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: <i>[Signature]</i>			4-21-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		