


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000000336		
1. Entity Name SECURITY INTEGRATORS, INC.		

Principal Place of Business 4039 MATTHEWS INDIAN TRAIL ROAD STALLINGS, NC 28104	Mailing Address 4039 MATTHEWS INDIAN TRAIL ROAD STALLINGS, NC 28104
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2. Principal Place of Business		3. Mailing Address POB 490	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Indian Trail NC	
Zip	Country	Zip 28079	Country Union

FILED
06 NOV 30 PM 2: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11022006 REIN-P CR2E098 (11/05) 06

4. FEI Number 56-2214209	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 ALLEN, ROBERT 6 MEADOW WOOD DR 1050 NE 150th St. OCALA, FL 34482 Wiliston, FL 32696-8638		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Robert B. Allen* DATE: 11/21/06
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEDY, MICHAEL SCOTT 7306 SHADOWLAKE DR CHARLOTTE, NC 28226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael Scott Kennedy 4124 Nathaniel Glen Court Matthews NC 28105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, NICOLE JO 7306 SHADOWLAKE DR CHARLOTTE, NC 28226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Nicole Kennedy 4124 Nathaniel Glen Court Matthews NC 28105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082183089 11/30/06--01050--012 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12/14</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nicole Kennedy* 11-13-06 704 8214671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #