

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000000336

1. Entity Name
SECURITY INTEGRATORS, INC.



Principal Place of Business
**4039 MATTHEWS INDIAN TRAIL ROAD
STALLINGS, NC 28104**

Mailing Address
**POB 490
INDIAN TRAIL, NC 28079**



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 56-2214209 | 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

**ALLEN, ROBERT
1050 NE 150TH ST
WILLISTON, FL 32696-8638**

**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

Robert A. Allen

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12 July 2007

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | KENNEDY, MICHAEL SCOTT |
| STREET ADDRESS | 4124 NATHANIEL GLEN COURT |
| CITY-ST-ZIP | MATTHEWS, NC 28105 |

| | |
|----------------|---------------------------|
| TITLE | S |
| NAME | KENNEDY, NICOLE |
| STREET ADDRESS | 4124 NATHANIEL GLEN COURT |
| CITY-ST-ZIP | MATTHEWS, NC 28105 |

| | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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07/20/07-80002-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-07

Date

7048214671

Daytime Phone #