

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000162

FILED
Jul 07, 2008
Secretary of State

Entity Name: JUSTICE & SECURITY STRATEGIES, INC.

Current Principal Place of Business:

15134 DEER VALLEY TERRACE
SILVER SPRING, MD 20906

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12279
SILVER SPRING, MD 20908

New Mailing Address:

FEI Number: 52-2402710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SHELLIE E
204 THREE ISLANDS BLVD. 303
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: UCHIDA, CRAIG D DR.
Address: 15134 DEER VALLEY TERRACE
City-St-Zip: SILVER SPRING, MD 20906

Title: CEO () Delete
Name: SOLOMON, SHELLIE E MS.
Address: 204 THREE ISLANDS BLVD. 303
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG D. UCHIDA

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

_____ Date