

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002226

Entity Name: MSI SECURITY SYSTEMS INC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

104A DORSA AVE
LIVINGSTON, NJ 07039

New Principal Place of Business:

Current Mailing Address:

104A DORSA AVE
LIVINGSTON, NJ 07039

New Mailing Address:

FEI Number: 11-2289217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNAPPER, DAVID
3606 CARUSO PL
OCIEDO, FL 32765 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: P () Delete
Name: SCHNAPPER, MARVIN
Address: 4555 S ATLANTIC AVE, UNIT 4203
City-St-Zip: PONCE INLET, FL 32127

Title: S () Delete
Name: SCHNAPPER, MARLENE
Address: 4555 S ATLANTIC AVE, UNIT 4203
City-St-Zip: PONCE INLET, FL 32127

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: MARVIN SCHNAPPER

PRES

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date