## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002825

Address:

100 FERN AVE

City-St-Zip: AMESBURY, MA

Entity Name: SENTINEL SECURITIES, INC

FILED Aug 15, 2007 Secretary of State

y		L OLOGIATILO, IIVO.		
Current Principal Place of Business:			New Principal Place of Business:	
	WATER DR S LD, MA 01880			
Current Mailing Address:			New Mailing Address:	
	WATER DR S LD, MA 01880			
FEI Number	: 04-3527574	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	, ANDREW NDELAND BLV 33156 US	D SUITE 1512		
	e named entity : e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,
SIGNATU	RE:			
	Electror	ic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CP ( ) MELTZER, JOS 38 CURTIS AVE SOMERVILLE,		Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	VCT ( ) CARNEVALE, J 235 OLD CART NORTH ANDOV	WAY	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) CARNEVALE, J 15 MORNINGS BOXFORD, MA	IDE CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change() Addition
Title: Name: Address: City-St-Zip:	DS ( ) CARNEVALE, A 2 LIBERTY LAN LYNNFIELD, M	IE .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	VP ( ) KELEHER, MIC	Delete HAEL	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL KELEHER CCO 08/15/2007