

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002825

Entity Name: SENTINEL SECURITIES, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

55 WALKERS BROOK DRIVE
SUITE 100
READING, MA 01867

New Principal Place of Business:

Current Mailing Address:

55 WALKERS BROOK DRIVE
SUITE 100
READING, MA 01867

New Mailing Address:

FEI Number: 04-3527574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, ANDREW
9155 S DADELAND BLVD SUITE 1512
MIAMI, FL 33156 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: CP () Delete
Name: MELTZER, JOSHUA
Address: 38 CURTIS AVE
City-St-Zip: SOMERVILLE, MA 02144

Title: VP () Delete
Name: CARNEVALE, JAMES M
Address: 235 OLD CART WAY
City-St-Zip: NORTH ANDOVER, MA 01845

Title: VP () Delete
Name: CARNEVALE, JOHN A
Address: 15 MORNINGSIDE CIRCLE
City-St-Zip: BOXFORD, MA 01921

Title: D () Delete
Name: ADOLF, RUEDIGER
Address: 257 CPW
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: KELEHER, MICHAEL
Address: 100 FERN AVE
City-St-Zip: AMESBURY, MA

Title: VP () Delete
Name: DIMASE, ROBERT M
Address: 1681 CENTRAL AVENUE
City-St-Zip: NEEDHAM, MA 02492

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL KELEHER

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date