


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90034 039 ***150.00

DOCUMENT # F06000005521			
1. Entity Name 3 VR SECURITY, INC.			
Principal Place of Business 185 BERRY STREET SUITE 4150 SAN FRANCISCO CA 94107		Mailing Address 185 BERRY STREET SUITE 4150 SAN FRANCISCO CA 94107	
2. Principal Place of Business - No P.O. Box # 475 BRANNAN ST Suite, Apt. #, etc. SUITE 430 City & State SAN FRANCISCO, CA Zip 94107 Country USA		3. Mailing Address 475 BRANNAN ST Suite, Apt. #, etc. SUITE 430 City & State SAN FRANCISCO, CA Zip 94107 Country USA	



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C RUSSELL, STEPHEN 185 BERRY STREET SUITE 4150 SAN FRANCISCO CA 94107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	475 BRANNAN ST, STE 430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VALLONE, BOB 185 BERRY STREET SUITE 4150 SAN FRANCISCO CA 94107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	475 BRANNAN ST, STE 430 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHIVELEY, JAY 185 BERRY STREET SUITE 4150 SAN FRANCISCO CA 94107 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS ROSS, TIMOTHY 185 BERRY STREET SUITE 4150 SAN FRANCISCO CA 94107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	475 BRANNAN ST, STE 430 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JIM MILLS 475 BRANNAN ST, STE 430 SAN FRANCISCO, CA 94107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TED SCHLEIN 475 BRANNAN ST, STE 430 SAN FRANCISCO, CA 94107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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	3/2/07	Daytime Phone #
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