## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000601

FIORILLO, CARMINE

REGO PARK, NY 11374

97-29 64TH ROAD

Name:

Address:

City-St-Zip:

Entity Name: DEFENDER SECURITY SERVICES, INC.

FILED Apr 22, 2009 Secretary of State

Littly Na	me. DEFEND	ER SECORITI SERVICES, III	NC.		
Current Principal Place of Business:			New Principal Place of Business:		
97-29 64T REGO PA	H ROAD RK, NY 11374				
Current Mailing Address:			New Mailing Address:		
97-29 64T REGO PA	H ROAD RK, NY 11374				
FEI Number	: 11-2877464	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
601 HERIT	ARC N-DEFENDEF FAGE DRIVE, \$ FL 33458 US	SUITE 205			
	named entity : e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CHRM ( ) GITTER, MITCH 97-29 64TH RO REGO PARK, N	PAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PST ( ) GITTER, MITCH 97-29 64TH RC REGO PARK, N	PAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) RAMIREZ, DIAI 97-29 64TH RO REGO PARK, N	PAD	Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition RAMIREZ, DIANA 97-29 64TH ROAD REGO PARK, NY 11374	
Title:	FXVP (	. Delete	Title	( ) 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA RAMIREZ SVP 04/22/2009