## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000002412

Name:

Address:

City-St-Zip:

KNIPE, PETER W

205 WEST WELSH DR.

DOUGLASVILLE, PA 19518

Entity Name: STV SECURITY SOLUTIONS GROUP, INC.

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	WELSH DR. WILLE, PA 19				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	WELSH DR. WILLE, PA 19				
FEI Number	: 26-2410073	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1200 SOU PLANTAT	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD 4 US	nurnose of changing its registered	office or registered agent, or both,	
	e of Florida.	submits this statement for the	purpose or changing its registered	office of registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	npaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( RIVERSO, MIL 225 PARK AVE NEW YORK, N	E. SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( SERVEDIO, D 225 W. WELS NEW YORK, N	H DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	DST (	) 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: PETER W. KNIPE DST 04/20/2009