2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17504

Secretary of State

Entity Name: FLORIDA HOME SECURITY & IRONWORKS, INC.

Current Principal Place of Business: New Principal Place of Business:

14025 N W 19TH AVE 4096 SW 140TH AVENUE MIAMI, FL 33054 US DAVIE, FL 33330 US

Current Mailing Address: New Mailing Address:

14025 N W 19TH AVE 4096 SW 140TH AVENUE MIAMI, FL 33054 DAVIE, FL 33330

FEI Number: 59-2064609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANTHONY PAZIENZA ANTHONY PAZIENZA 14025 NW 19TH AVENUE 4096 SW 140TH AVENUE MIAMI, FL 33054 DAVIE, FL 33330 US

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: 05/17/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED May 17, 2005

Title: () Delete Title: (X) Change () Addition PAZIENZA, ANTHONY, Name: Name: PAZIENZA, ANTHONY, 14025 N W 19TH AVE 4096 SW 140TH AVENUE Address: Address:

City-St-Zip: MIAMI, FL 33054 City-St-Zip: **DAVIE, FL 33330** Title: VD Title: VD () Delete (X) Change () Addition

ROY, BRENNON T. Name: Name: ROY, BRENNON T. 14025 N W 19TH AVE 4096 SW 140TH AVENUE Address: Address: MAIMI, FL 33054 **DAVIE, FL 33330** City-St-Zip: City-St-Zip:

Title: Title: STD () Delete () Change () Addition

BAUDOT, C.W., Name: Name: 30 NE 96 ST Address: Address: City-St-Zip: MIAMI, FL City-St-Zip:

Title: AST () Delete Title: () Change () Addition

CARTER, STEVEN. M., Name: Name: Address: 12841 SW 70 AVE Address: City-St-Zip: MIAMI, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY PAZIENZA **PRES** 05/17/2005