2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55076

Entity Name: SECURITY TRUST PLANS, INC.

FILED May 14, 2007 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
	3RD STREET BEACH, FL 33	3609							
Current Mailing Address:					New Mailing Address:				
259 YORKLAND ROAD TORONTO, CANADA, ON M2J5B2 XX				1929 ALLEN PARKWAY HOUSTON, TX 77019					
FEI Number: 59-2150129 FEI Number Applied For ()			FEI Nun	FEI Number Not Applicable () Certificate of Status De			te of Status Desired ()		
Name and Address of Current Registered Agent: Na						lame and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent						Date			
Election Cam	paign Financing	J	•	-					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	D/VP () Delete TOTTLE, WILLIAM 259 YORKLAND ROAD TORONTO, CANADA, ON M2J5B2				Title: Name: Address: City-St-Zip:	D/P (X) Change () Addition LONGINO, NOBLE 1929 ALLEN PARKWAY HOUSTON, TX 77019			
Title: Name: Address: City-St-Zip:	VP () E MATHEWES, J.C 1680 METROPOL TALLAHASSEE, F	LITAN CIRCLE			Title: Name: Address: City-St-Zip:	VP (X) BRIGGS, CURT 1929 ALLEN PA HOUSTON, TX	IS G RKWAY	() Addition	
Title: Name: Address: City-St-Zip:	VP () E LAJOY, JOHN 259 YORKLAND TORONTO, CAN		5B2		Title: Name: Address: City-St-Zip:	D/S (X) MARSHALL, JU 1929 ALLEN PA HOUSTON, TX	DITH RKWAY	() Addition	
Title: Name: Address: City-St-Zip:	AS () C ANGELES, AZALI 259 YORKLAND TORONTO, CANA	EA K ROAD	5B2		Title: Name: Address: City-St-Zip:	TRES (X) GRAJEK, KEVIN 1929 ALLEN PA HOUSTON, TX	N J NRKWAY	() Addition	
Title: Name: Address: City-St-Zip:	P (X) E HOUSTON, PAUL 259 YORKLAND TORONTO, CANA	ROAD	5C2		Title: Name: Address: City-St-Zip:	()	Change (() Addition	
Title: Name: Address: City-St-Zip:	D/S (X) E NEEMAN, ELLEN 259 YORKLAND TORONTO, CANA	ORAD	5B2		Title: Name: Address: City-St-Zip:	()	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.

SIGNATURE: KEVIN J GRAJEK TRES 05/14/2007