

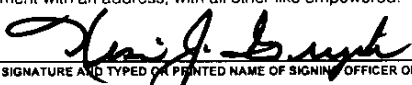


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 010 \*\*\*550.00

<b>DOCUMENT # F55076</b> 1. Entity Name <b>SECURITY TRUST PLANS, INC.</b>			
Principal Place of Business <b>2101 NW 33RD STREET POMPAÑO BEACH, FL 33609</b>		Mailing Address <b>1929 ALLEN PARKWAY HOUSTON, TX 77019 XX</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>PO Box 130548</b> Suite, Apt. #, etc. <b>9th Floor</b> City & State <b>Houston Texas</b> Zip                      Country <b>77219-0548</b>	
			
		05012008      Chg-P      CR2E034 (12/06)	
		4. FEI Number <b>59-2150129</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D/P LONGINO, NOBLE 1929 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change      Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP BRIGGS, CURTIS G 1929 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change      Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D/S MARSHALL, JUDITH 1929 ALLEN PARKWAY HOUSTON, TX 77019 <input checked="" type="checkbox"/> Delete	TITLE	<b>D/S</b> <input checked="" type="checkbox"/> Change      Addition
NAME		NAME	<b>Janet S. Key</b>
STREET ADDRESS		STREET ADDRESS	<b>1929 Allen Parkway</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Houston Texas 77019</b>
TITLE	TRES GRAJEK, KEVIN J 1929 ALLEN PARKWAY HOUSTON, TX 77019 <input type="checkbox"/> Delete	TITLE	Change      Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change      Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change      Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>Treasurer</b> <b>5/6/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #			