


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 004 ***150.00

DOCUMENT # F59209
 1. Entity Name
SECURITY SPECIALIST, INC.



Principal Place of Business Mailing Address
~~441 N DEL PRADO BLVD, #2~~ P.O. BOX 858
~~CAPE CORAL, FL 33909~~ ESTERO, FL 33928 US
 9739 Spring Ridge Cir
 ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE



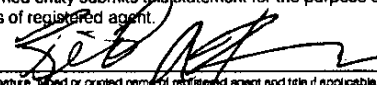
02272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2251514 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSE RICK
 9739 SPRING RIDGE CIR
 ESTERO, FL 33928

DO NOT WRITE IN THIS SPACE

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:  RICK A. ROSE PRES. S.S. INC. 4-23-06
Signature, Word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE


FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, RICK ALVIN 9739 SPRING RIDGE CIRCLE ESTERO, FL 33928
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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:  RICK A. ROSE PRES. 4-23-06 (239) 437-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (239) 574-7224 Daytime Phone #