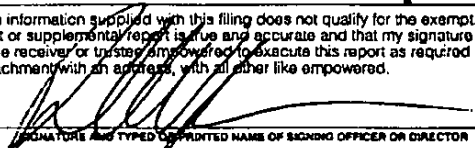


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2005 8:00 am
Secretary of State

06-14-2005 90001 032 ***150.00

DOCUMENT # F97000002431 1. Entity Name U.S. SECURITY CARE, INC.					
Principal Place of Business P.O. BOX 518 BLUE BELL, PA 19422			Mailing Address P.O. BOX 518 BLUE BELL, PA 19422		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0375963	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LAMANNA, ALFRED 29 SE 5TH STREET SUITE 220 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSWALD, ELEANOR PO BOX 518 BLUE BELL, PA	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KALINER, DANILE P.O. BOX 518 BLUE BELL, PA 19422	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD WOLFSON, RICHARD P O BOX 518 BLUE BELL, PA 19422	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR			Date 3/14/05 Daytime Phone #		