

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number  
51-0375963

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMANNA, ALFRED  
29 SE 5TH STREET  
SUITE 220  
BOCA RATON, FL 33432

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000673558  
03/23/07-80033-016 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
OSWALD, ELEANOR  
PO BOX 518  
BLUE BELL, PA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KALINER, DANIEL  
P.O. BOX 518  
BLUE BELL, PA 19422

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
WOLFSON, RICHARD  
P O BOX 518  
BLUE BELL, PA 19422

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD WOLFSON

Date

3/15/07

Daytime Phone #