

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002431

Entity Name: U.S. SECURITY CARE, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 518
BLUE BELL, PA 19422

New Principal Place of Business:

725 SKIPPACK PIKE
SUITE 200
BLUE BELL, PA 19422

Current Mailing Address:

P.O. BOX 518
BLUE BELL, PA 19422

New Mailing Address:

FEI Number: 51-0375963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: OSWALD, ELEANOR
Address: PO BOX 518
City-St-Zip: BLUE BELL, PA

Title: SD () Delete
Name: KALINER, DANIEL
Address: P.O. BOX 518
City-St-Zip: BLUE BELL, PA 19422

Title: PCD () Delete
Name: WOLFSON, RICHARD
Address: P O BOX 518
City-St-Zip: BLUE BELL, PA 19422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELEANOR OSWALD

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date