


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001999 1. Entity Name AKAL SECURITY, INC.	
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Principal Place of Business 7 INFINITY LOOP ESPANOLA, NM 87532	Mailing Address PO BOX 1197 SANTA CRUZ, NM 87567
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 85-0279473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALSA, SOPURKH 7 INFINITY LOOP ESPANOLA, NM 87532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHALSA, DAYA 7 INFINITY LOOP ESPANOLA, NM 87532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KHALSA, SIRIKARM 72 COUNTY ROAD #19 ESPANOLA, NM 87532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SHANTI K 7 INFINITY LOOP ESPANOLA, NM 87532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURUTEJ, KHALSA S 7 INFINITY LOOP ESPANOLA, NM 87532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHALSA, KARTAR S 2545 PRAIRIE ROAD EUGENE, OR 97405

000000456527
03/16/06-80028-024 150.00

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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 another like empowered.

SIGNATURE: <u>Daya S. Khalsa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>2-28-06</u> <small>Date</small>	DAYTIME PHONE: <u>505-753-7832</u> <small>Daytime Phone #</small>
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