2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G19047

Entity Name: SUNCOAST SECURITY, INC. OF LARGO

FILED May 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1931 WEST BAY DR 800 EAST BAY DRIVE. SUITE N

LARGO, FL 33770 LARGO, FL 33770

Current Mailing Address: New Mailing Address:

800 EAST BAY DRIVE 1931 WEST BAY DR

SUITE N

LARGO, FL 33770 US LARGO, FL 33770 US

FEI Number: 59-2409741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MC CANN, WILLIAM F SHAW, WILLIAM B JR 1631 JEFFORDS ST 18395 GULF BLVD #203

CLEARWATER, FL 33756 US INDIAN SHORES, FL 33785 US

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: WILLIAM B. SHAW, JR 05/15/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PRFS (X) Change () Addition MCCANN, WILLIAM FRAN, CIS Name: Name: CLINE, BARBARA G

1631 JEFFORDS ST 11479 WALSINGHAM RD Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: LARGO, FL 33778

Title: VTD () Delete Title: (X) Change () Addition Name: MCCANN, PATRICIA ANN, Name: CLINE, EDWARD G

1631 JEFFORDS ST Address: 11479 WALSINGHAM RD Address: CLEARWATER, FL 33756 LARGO, FL 33778 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA G CLINE **PRES** 05/15/2006