2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Svlvia S.M. Howe

SIGNATURE:

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT # G77284 1. Entity Name ARM SECURITY & INVESTIGATIONS, INC. Mailing Address Principal Place of Business 5016 SOUTH DIXIE HIGHWAY W. PALM BCH. FL 33405 5016 SOUTH DIXIE HIGHWAY W. PALM BCH, FL 33405 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State FEI Number 59-2370301 Not Applicant _ 2:n Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOWEY, SYLVIA 271 LIVE OAK LANE JUPITER FL 33458 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and little if applicable DATE INOTE Bug-shived Again signature required when romstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition 🗌 TITLE VS ☐ Delete BILL HOWEY, ERNEST NAME NAME H00000464171 STREET ADDRESS 271 LIVE OAK LN. STREET ADDRESS 03/21/08-80104-023 150.00 CITY-ST-ZTP CITY-ST-ZIP JUPITER FL ☐ Delete Change Addition TITLE HOWEY, SYLVIA NAME HAM STREET ADDRESS 271 LIVE OAK LN. STREET LADORESS CHTY-ST-ZIP CITY-ST-ZIP JUPITER FL Octoba KILE ☐ Change Addition HILL WW NAME STREET ADDRESS STREET ADDRESS City-St-2lP CHY-ST-ZE Defete Change ☐ Addition 71728 SITE MANE STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition HILL Delete 71727 Change NAME MANE STREET ADDRESS STREET ADDRESS E114-ST-21P CITY-ST-ZIP TITLE Delete Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP GUY-57-70 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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 path, 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.

March 7.

2006

561-533-1642

FILED