## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K17049

FILED Apr 12, 2006 Secretary of State

Entity Name: SECURITY AND TELECOM SYSTEMS INC.

Current Principal Place of Business:		New Principal Place of Business:		
	IMONDVILLE I	RD.		
JNIT 15 POMPANO	O, FL 33069	US		
Current Mailing Address:		New Mailing Address:		
P. O. BOX CORAL SI		330758942 US		
FEI Number	: 65-0037550	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
JNIT 15	BECCA IMONDVILLE I D, FL 33069 I			
	0, 00000			
The above			purpose of changing its registe	red office or registered agent, or both,
The above	e named entity e of Florida.		purpose of changing its registe	red office or registered agent, or both,
The above n the State	e named entity e of Florida. RE:			red office or registered agent, or both,  Date
The above n the State SIGNATUI	e named entity e of Florida. RE: Electro	submits this statement for the		
The above n the State SIGNATUI	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Age of Trust Fund Contribution ( ).	gent	
The above n the State SIGNATUI	e named entity e of Florida.  RE: Electro  mpaign Financir  S AND DIRECT  PST (  REED, REBECT	submits this statement for the nic Signature of Registered April 1985 (1985).  CTORS:  ) Delete CCA DVILLE RD #15	gent	Date
The above n the State SIGNATUI	e named entity e of Florida.  RE: Electro  mpaign Financir  S AND DIRECTOR  PST ( REED, REBECTOR  2600 HAMMONI  POMPANO, FL  VP ( REED, RONAL  2600 HAMMONI  2600 HAMMONI  2600 HAMMONI  2600 HAMMONI  2600 HAMMONI	submits this statement for the nic Signature of Registered Age Trust Fund Contribution ( ).  CTORS:  ) Delete CCA DVILLE RD #15 . 33069 ) Delete	gent  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS

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: REBECCA A. REED PST 04/12/2006