

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032866

FILED
Mar 30, 2005
Secretary of State

Entity Name: INNOVATIVE TOOLS FOR SECURITY PROFESSIONALS LLC

Current Principal Place of Business:

1742 MANNING STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1742 MANNING STREET
JACKSONVILLE, FL 32207

New Mailing Address:

POST OFFICE BOX 10897
JACKSONVILLE, FL 32247

FEI Number: 20-1227271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, CHARLES A
3616 EMERSON ST
JACKSONVILLE, FL 32207 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GRAY, JAMES E
Address: 827 OLD GROVE MANOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: LAFLEUR, NICKOLAS E
Address: 6262 TOWNSEND ROAD
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LAFLEUR, NICKOLAS E
Address: 6100 ARLINGTON EXPRESSWAY # N201
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES GRAY

MGRM

03/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date