

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032866

FILED  
Mar 09, 2006  
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:**

POST OFFICE BOX 10897  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**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/MANAGERS:**

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: 6100 ARLINGTON EXSPRESSWAY # N201  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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

03/09/2006

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