2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080039

Entity Name: SECURITY ALLIANCE OF NEW YORK, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
9350 SOUTH DIXIE HWY, PH 5 MIAMI, FL 33156	8323 NW 12TH ST. SUITE # 218 DORAL, FL 33126

Current Mailing Address:	**New Mailing Address:**
9350 SOUTH DIXIE HWY, PH 5 MIAMI, FL 33156	8323 NW 12TH ST. SUITE # 218 DORAL, FL 33126

FEI Number: 20-4125082   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:**
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	RAMIEREZ, DAVID	Name:	RAMIEREZ, DAVID
Address:	9350 SOUTH DIXIE HWY, PH 5	Address:	8323 NW 12TH ST. SUITE # 218
City-St-Zip:	MIAMI, FL 33156	City-St-Zip:	DORAL, FL 33126
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	ST. PHILIP, CARL	Name:	ST. PHILIP, CARL
Address:	9350 SOUTH DIXIE HWY, PH 5	Address:	8323 NW 12TH ST. SUITE # 218
City-St-Zip:	MIAMI, FL 33156	City-St-Zip:	DORAL, FL 33126

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: DAVID RAMIREZ   MGR   04/18/2006

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