


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90022 031 \*\*\*138.75

<b>DOCUMENT # L06000055057</b>	
1. Entity Name <b>STORM AND SECURITY SOLUTIONS, LLC</b>	

Principal Place of Business <b>22300 PIAZZA DORIA LN #207 ESTERO, FL 33928</b>	Mailing Address <b>22300 PIAZZA DORIA LN #207 ESTERO, FL 33928</b>
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2. Principal Place of Business - No P.O. Box # <b>12920 SandPoint Court</b>	3. Mailing Address <b>PO Box 111</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Fort Myers, FL</b>	City & State <b>Estero, FL</b>
Zip <b>33919</b>	Zip <b>33928</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CISCO, PEGGY SUE 22300 PIAZZA DORIA LN #207 ESTERO, FL 33928</b>	
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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 Peggy Sue Cisco PEGGY S. CISKO 4/22/08  
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CISCO, PEGGY SUE 22300 PIAZZA DORIA LN #207 ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12920 SandPoint Court Fort Myers, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Peggy Sue Cisco PEGGY SUE CISKO 4/22/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #