

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53984

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SECURITY BY DESIGN, INC.

**Current Principal Place of Business:**

22899 IRONWEDGE DRIVE  
BOCA RATON, FL 334330830

**New Principal Place of Business:**

3301 LEMOYNE COURT  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

22899 IRONWEDGE DRIVE  
BOCA RATON, FL 33433 US

**New Mailing Address:**

3301 LEMOYNE COURT  
TALLAHASSEE, FL 32312

FEI Number: 65-0203769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORANI, CYNTHIA D.  
22899 IRONWEDGE DRIVE  
BOCA RATON, FL 334330830 US

**Name and Address of New Registered Agent:**

MORANI, CYNTHIA D.  
3301 LEMOYNE COURT  
TALLAHASSEE, FL 32312 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: URSHALITZ, PAUL  
Address: 22899 IRONWEDGE DRIVE  
City-St-Zip: BOCA RATON, FL

Title: SD ( ) Delete  
Name: MORANI, CYNTHIA  
Address: 22899 IRONWEDGE DRIVE  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: URSHALITZ, PAUL  
Address: 3301 LEMOYNE COURT  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: SD (X) Change ( ) Addition  
Name: MORANI, CYNTHIA  
Address: 3301 LEMOYNE COURT  
City-St-Zip: TALLAHASSEE, FL 32312 US

I hereby certify that the information supplied with this filing does not qualify 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: CYNTHIA D. MORANI

SD

04/22/2009

Electronic Signature of Signing Officer or Director

Date