

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # L63423</b>						<b>Secretary of State</b>	
1. Entity Name NORTH AMERICA SECURITY SERVICES, INC.				02-07-2008 90015 019 ***150.00			
Principal Place of Business 4401 BELLWOOD CIR PACE, FL 32571				Mailing Address P.O. BOX 13611 PENSACOLA, FL 32591			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent TRUBSHAW, JOHN A. 6584 DEERLAKE RD WALNUT HILL, FL 32568				7. Name and Address of New Registered Agent Name ROWLAND, J.L. Street Address (P.O. Box Number is Not Acceptable) 4401 BELLWOOD CIR City PACE FL Zip Code 32571			
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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D NAME TRUBSHAW, JOHN A. STREET ADDRESS 6584 DEERLAKE RD CITY-ST-ZIP WALNUT HILL; FL 32568				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D NAME ROWLAND, J. L. STREET ADDRESS 4401 BELLWOOD CIR CITY-ST-ZIP PACE, FL 32571				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: J.L. ROWLAND				2/6/08 850 479-1556			