## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2008 08:00 AM **DOCUMENT # M98003 Secretary of State** 1. Entity Name SECURITY SYSTEMS SPECIALISTS, INC. Principal Place of Business Mailing Address 8830 BROWN CIRCLE 8830 BROWN CIRCLE CAPE CANAVERAL, FL 32920 CAPE CANAVERAL, FL 32920 01282008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2931157 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Regulred 6. Name and Address of Current Registered Agent provided the state of the state of the s HAMILTON, JOYCE DO NOT WRIT 110 JEFFERSON AVENUE CAPE CANAVERAL, FL 32920 N THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PDST TITLE HAMILTON, JOYCE NAME STREET ADDRESS 8830 BROWN CIRCLE CITY-ST-ZIP CAPE CANAVERAL, FL 32920 TITLE BLACK, JOHN W NAME STREET ADDRESS 8830 BROWN CIRCLE CITY-ST-ZIP CAPE CANAVERAL, FL 32920 TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT: F

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.

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NAME STREET ADDRESS CITY-ST-ZIP

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Sectrum / President 0403/03