2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001702

Entity Name: HOMELAND SECURITY FOUNDATION, INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7910 NW 10 STREET 9937 SW 63 COURT PEMBROKE PINE, FL 33024 OCALA, FL 34476

Current Mailing Address: New Mailing Address:

9937 SW 63 COURT 7910 NW 10 STREET PEMBROKE PINE, FL 33024 OCALA, FL 34476

FEI Number: 01-0632129 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

() Delete

DILLON, SONIA M Name: 3600 JACKSON STREET UNIT 7 Address: HOLLYWOOD, FL 33021 City-St-Zip:

Title: VD () Delete Name: DILLON, JOHN W

Address: 3600 JACKSON STREET UNIT 7

City-St-Zip: HOLLYWOOD, FL 33021

Title: STD () Delete MCDONALD, MARIA C Name:

Address: 3600 JACKSON STREET UNIT 7 City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

DILLON, SONIA M Name: Address: 9937 SW 63 COURT City-St-Zip: OCALA, FL 34476

Title: (X) Change () Addition

Name: DILLON, JOHN W Address: 9937 SW 63 COURT City-St-Zip: OCALA, FL 34476

Title: (X) Change () Addition

MCDONALD, MARIA C Name: Address: 9937 SW 63 COURT City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA DILLON DR 04/28/2005