2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM DOCUMENT # P00000010561 **Secretary of State** 1. Entity Name SPECTRUM SECURITY, INC. Principal Place of Business Mailing Address 1924 WASHINGTON ST 1924 WASHINGTON ST HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 CR2E034 (11/05) 04112007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0978813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, GERLAD DO NOT WRITE 113 N FEDERAL HWY. DANIA BEACH, FL 33004 IN 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WOLK, DEAN NAME 1924 WASHINGTON ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 ST TITLE U00000726975 WOLK, DEAN 05/04/07-80030-002 15n.nd STREET ADDRESS 1924 WASHINGTON ST CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 rustee 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

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN M. WOLK

4/11/07

Daytime Phone

FILED