


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90230 015 ***150.00

DOCUMENT # P00000050244	
1. Entity Name NEXTECH SECURITY, INC.	

Principal Place of Business 1588 WEST 39TH PL HIALEAH FL 33012	Mailing Address PO BOX 138885 HIALEAH FL 33013
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2. Principal Place of Business 2009 SW CATALINA TERRACE	3. Mailing Address 2009 SW CATALINA TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State Port St. Lucie, Florida	City & State Port St. Lucie, Florida
Zip 34953	Zip 34953
Country USA	Country USA

4. FEI Number 65-1010073	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALFONSO, GUILLERMO 221 EAST 37TH STREET HIALEAH FL 33013	
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7. Name and Address of New Registered Agent	
Name Guillermo F. Alfonso	
Street Address (P.O. Box Number is Not Acceptable) 2009 SW CATALINA TERRACE	
City Port St. Lucie	FL Zip Code 34953

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 	GUILLERMO F. ALFONSO	04/25/05
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, GUILLERMO 221 EAST 37 STREET HIALEAH FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALFONSO, MARGARITA 221 EAST 37 STREET HIALEAH FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guillermo F. ALFONSO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2009 SW CATALINA TERRACE PORT ST. LUCIE, FLORIDA 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2009 SW CATALINA TERRACE PORT ST. LUCIE, FLORIDA 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	MARGARITA ALFONSO	04/28/05 (772) 878-8092
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>