


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90005 017 ***158.75

DOCUMENT # P0000091570

1. Entity Name
METROPOL SECURITY, INC.



Principal Place of Business
 2530 N POWERLINE RD
 SUITE 404
 POMPANO BEACH, FL 33069

Mailing Address
 2530 N POWERLINE RD
 SUITE 404
 POMPANO BEACH, FL 33069


2. Principal Place of Business
 920-26th ST.
 Suite, Apt. #, etc.
 SUITE A

3. Mailing Address
 1702 ANDROS ISLE
 Suite, Apt. #, etc.
 STE. D1

City & State
 WEST PALM BEACH, FL. COCONUT CREEK, FL.

Zip
 33407 PALM BEACH 33066

Country
 USA USA



07172006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-1052492

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, BARRY A
 9728 W SAMPLE RD
 CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
 ILENE CARTE

Street Address (P.O. Box Number is Not Acceptable)
 1702 ANDROS ISLE - STE. D1

City
 COCONUT CREEK FL Zip Code
 33066

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 Ilene Carte DATE 7/18/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT	NAME CARTE, ILENE P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1702 ANDROS ISLE-D1	CITY-ST-ZIP COCONUT CREEK, FL 33066	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE DVS	NAME CARTE, RICHARD D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1702 ANDROS ISLE-D1	CITY-ST-ZIP COCONUT CREEK, FL 33066	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE D	NAME LOONEY, KEVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 238 SUSSEX CIRCLE	CITY-ST-ZIP JUPITER, FL 33458	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ilene Carte DATE 7/18/06 Daytime Phone # 954-907-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR