2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P00000116548

Entity Name: ENGAGE SECURITY, INC.

Current Principal Place of Business:

8419 SUNSTATE STREET
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

8419 SUNSTATE STREET
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-3714046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DAVID T
200 1ST AVENUE
UNIT 311
ST. PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: ANDERSON, DAVID T
Address: 200 1ST AVENUE, UNIT 311
City-St-Zip: ST. PETERSBURG, FL 33706 US

Title: T (X) Delete
Name: LAPLANTE, YVONNE J
Address: 3029 WISTER CIRCLE
City-St-Zip: VALRICO, FL 33594 US

Title: SSVP ( ) Delete
Name: LAPLANTE, RICHARD L
Address: 3029 WISTER CIRCLE
City-St-Zip: VALRICO, FL 33594 US

Title: CIO ( ) Delete
Name: BLAIS, MARK
Address: 3255 STONEBRIDGE TRAIL
City-St-Zip: VALRICO, FL 33594 US

Title: CFO ( ) Delete
Name: NAIL, DAVID A
Address: 4010 VALRICO GROVE DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STVP (X) Change ( ) Addition
Name: LAPLANTE, RICHARD L
Address: 3029 WISTER CIRCLE
City-St-Zip: VALRICO, FL 33594 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. NAIL CFO 01/19/2006

Electronic Signature of Signing Officer or Director Date