2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P01000081020

Entity Name: ABSOLUTE SECURITY, INC.

Current Principal Place of Business:

21957 US HWY 19N
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

21957 US HWY 19N
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-3743954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCATEE, CAROL
5401 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 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: D ( ) Delete
Name: WELCH, RON
Address: 462 LIAM AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V ( ) Delete
Name: OLIVER, MICHAEL
Address: 13377 SOUTHERN PRECAST DR
City-St-Zip: ALACHUA, FL 32615

Title: S ( ) Delete
Name: WELCH, DARLENE
Address: 462 CIAM AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Delete
Name: MILLER, JASON
Address: 1050 STARKEY RD. #2308
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: WELCH, DARLENE
Address: 462 LIAM AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON WELCH PRES 04/18/2005

Electronic Signature of Signing Officer or Director — Date