FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

May 05, 2003 8:00 am Secretary of State P01000098785 DOCUMENT # 05-05-2003 91778 042 ***150.00 1. Entity Name SPECIAL SECURITY, INC. Principal Place of Business Mailing Address 725 PRIMERA BLVD 222 S. WESTMONTE DRIVE STE 125 SUITE 206 LAKE MARY FL 32746 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address 725 Primera Suite, Apt. #, etc. Suite, Apt. #, etc. TX CHECK HERE IF MAKING CHANGES Suite 125 City & State City & State 4. FEI Number Applied For 59-3750230 Mary, Florida Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATION, RON Street Address (P.O. Box Number is Not Acceptable) 725 PRIMERA BLVD SUITE 125 LAKE MARY FL 32746 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition □ Delete NATION, RON NAME NAME STREET ADDRESS 725 PRIMERA BLVD STE 125 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DENHAM, CHARLES W JR. NAME STREET ADDRESS 725 PRIMERA BLVD STE 125 STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME REGISTER, ARTHUR NAME STREET ADDRESS 725 PRIMERA BLVD STE 125 STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change [] Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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