2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099260

Entity Name: STATEWIDE SECURITY PATROL INC.

FILED Jan 22, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

3805 FOWLER ST. 2075 BROADWAY FORT MYERS, FL 33901 FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

PO BOX 3204 FORTMYERS, FL 33918

FEI Number: 40-0001199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALDRON, BRIAN M
3805 FOWLER ST.
WALDRON, BRIAN M
30 CARDINAL DR

FT MYERS, FL 33901 US NORTH FORT MYERS, FL 33917 US

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: 01/22/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition

Name:WALDRON, BRIAN MName:WALDRON, BRIAN MAddress:3805 FOWLER ST.Address:30 CARDINAL DR

City-St-Zip: FT MYERS, FL 33901 City-St-Zip: NORTH FORT MYERS, FL 33917

 Name:
 WALDRON, BRIAN M
 Name:
 WALDRON, ROBIN F

 Address:
 3805 FOWLER ST.
 Address:
 30 CARDINAL DR

City-St-Zip: FT MYERS, FL 33901 City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S () Delete Title: S (X) Change () Addition Name: WALDRON, ROBIN F Name: WALDRON, ROBIN F

Address: 3805 FOWLER ST. Address: 30 CARDINAL DR

City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: NORTH FORT MYERS, FL 33917

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: BRIAN M WALDRON P 01/22/2006