2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# P01000112900

Entity Name: COMSECC, INC.

Current Principal Place of Business:

5517 VAN DYKE RD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

5517 VAN DYKE RD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 02-0531963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREASEN, ALLAN
5517 VAN DYKE RD
LUTZ, FL 33558 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: SMITH, DON
Address: 134 SUMMERHILL DR
City-St-Zip: BUTLER, TN 37640

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: SMITH, DON
Address: 891 LAKE POINT DRIVE
City-St-Zip: PINEY FLATS, TN 37686

Title: VP ( ) Change (X) Addition
Name: KIM, PHUNG
Address: 891 LAKE POINT DRIVE
City-St-Zip: PINEY FLATS, TN 37686

Title: VP ( ) Change (X) Addition
Name: MCLEAN, ROBERT
Address: 891 LAKE POINT DRIVE
City-St-Zip: PINEY FLATS, TN 37686

Title: VP ( ) Change (X) Addition
Name: CHASE, LAOMA
Address: 891 LAKE POINT DRIVE
City-St-Zip: PINEY FLATS, TN 37686

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: DON SMITH P 04/20/2006

Electronic Signature of Signing Officer or Director — Date