

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000112900

Entity Name: COMSECC, INC.

FILED  
Sep 21, 2007  
Secretary of State

## Current Principal Place of Business:

5517 VAN DYKE RD  
LUTZ, FL 33558

## New Principal Place of Business:

3925 MOORES LAKE RD.  
DOVER, FL 33527

## Current Mailing Address:

5517 VAN DYKE RD  
LUTZ, FL 33558

## New Mailing Address:

3925 MOORES LAKE ROAD  
DOVER, FL 33527

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:

ANDREASEN, ALLAN  
3925 MOORES LAKE ROAD  
DOVER, FL 33527 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: ALLAN ANDREASEN

09/21/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: SMITH, DON  
Address: 185 SUGAR HOLLOW TRAIL  
City-St-Zip: PINEY FLATS, TN 37686

Title: VP (X) Change ( ) Addition  
Name: ROBERT, PERREAULT  
Address: 185 SUGAR HOLLOW TRAIL  
City-St-Zip: PINEY FLATS, TN 37686

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 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

09/21/2007

Electronic Signature of Signing Officer or Director

Date