## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000115790

FILED Apr 26, 2007 Secretary of State

Entity Name: FLORIDA CENTRAL COAST SECURITY CORPORATION

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	1 NORTH				
#59 COCOA, F	FL 32926				
Current Mailing Address:			New Mailing Addres	ss:	
3815 HW\	1 NORTH				
#59 COCOA, F	FL 32926				
FEI Number	: 10-0000129	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	A Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
Maille all	i Address of V	zurient Registered Agent.	Name and Address	of New Registered Agent.	
1485 N A7	RD, L. GEORG FLANTIC AVE: BEACH, FL 32	#102			
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Title: Name:	PS (	) Delete	<del></del>		
Address: City-St-Zip:	THOMAS, CHA 870 INDIANOL MERRITT ISLA	RLES L	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	870 INDIANOL MERRITT ISLA S ( THOMAS, FAY 870 INDIANOL	RLES L A DR ND, FL 32953 ) Delete E	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address:	870 INDIÁNOL MERRITT ISLA S ( THOMAS, FAY 870 INDIANOL MERRITT ISLA	RLES L A DR ND, FL 32953  ) Delete E A DR NDD, FL 32953  ) Delete  ) Delete	Name: Address: City-St-Zip: Title: Name: Address:		

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: CHARLES L THOMAS PS 04/26/2007