2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P02000011978

Entity Name: VICTORY SECURITY AGENCY, INC.

Current Principal Place of Business:

5945 TARPON GARDENS CIRCLE, UNIT 201
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

416 WASHINTON AVE.
P.O. BOX 476
CARNEGIE, PA 15106

New Mailing Address:

416 WASHINGTON AVE.
P.O. BOX 476
CARNEGIE, PA 15106

FEI Number: 37-1417406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEE, LISA
5945 TARPON GARDENS CIRCLE, UNIT 201
CAPE CORAL, FL 33914 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: PD ( ) Delete
Name: BOWMAN, KATHLEEN H
Address: 416 WASHINTON AVE
City-St-Zip: CARNEGIE, PA 15106

Title: STD (X) Delete
Name: HINCH, RICHARD
Address: 416 WASHINGTON AVE
City-St-Zip: CARNEGIE, PA 15106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: BOWMAN, KATHLEEN H
Address: 416 WASHINGTON AVE
City-St-Zip: CARNEGIE, PA 15106

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: KATHLEEN H. BOWMAN PTSD 01/13/2009

Electronic Signature of Signing Officer or Director — Date