

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90126 009 ***150.00

DOCUMENT # P02000037417

1. Entity Name
GRYPHON GROUP SECURITY SOLUTIONS, INC.



Principal Place of Business
**4479 N US 1 SUITE A
MELBOURNE, FL 32935**

Mailing Address
**4479 N US 1 SUITE A
MELBOURNE, FL 32935**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0007889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, MARSHALL D
233 E. BAY ST.
STE. 620
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VADEN, MICHAEL K P. O. BOX 411269 MELBOURNE, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANDE, PAMELA L 541 SEAPORT TERRACE, N.E. PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SKELLY, J. B 3243 KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYALA, JUAN P 382 CHERRY HILLS ROAD, N.E. PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pamela Lande *Pamela Lande*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

321-242-9131
Daytime Phone #