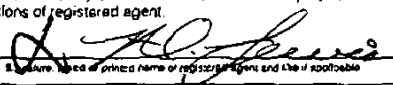
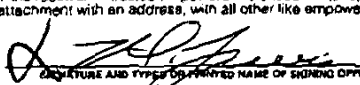


May 24, 2005 2:08PM

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90015 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                 |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P02000050432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                |                                                                   |
| 1. Entity Name<br><b>ALLIANCE SECURITY, &amp; PROTECTIVE SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>4701 NW 16 ST<br/>LAUDERHILL, FL 33313-5523</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        | Mailing Address<br><b>160 NW 176 ST #302-3<br/>MIAMI, FL 33169</b>                                              |                                                                   |
| 2. Principal Place of Business<br><b>160 NW 176th St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | 3. Mailing Address                                                                                              |                                                                   |
| Suite, Apt. #, etc.<br><b>302-3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | Suite, Apt. #, etc.                                                                                             |                                                                   |
| City & State<br><b>Miami FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | City & State                                                                                                    |                                                                   |
| Zip<br><b>33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>US</b>                                                                                   | Zip                                                                                                             | Country                                                           |
| 4. FEI Number<br><b>04-3899362</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | \$8.75 Additional Fee Required                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>LEWIS, ALVIN<br/>4701 NW 16 ST<br/>LAUDERHILL, FL 33313-5523</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | 7. Name and Address of New Registered Agent                                                                     |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | Name                                                                                                            |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Street Address (P.O. Box Number is Not Acceptable)                                                              |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | City                                                                                                            |                                                                   |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Zip Code                                                                                                        |                                                                   |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | DATE <b>5/25/05</b>                                                                                             |                                                                   |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>LEWIS, ALVIN<br>4701 NW 16 ST<br>LAUDERHILL, FL 333135523<br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>JORGE, RAFAEL<br>19304 NW 45 AVE<br>MIAMI, FL 33055<br><input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | DATE <b>5/25/05</b>                                                                                             |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | Date                                                                                                            |                                                                   |