

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076092

FILED
Nov 22, 2004
Secretary of State

Entity Name: THEMIS SECURITY GROUP, INC.

Current Principal Place of Business:

551 NW 77 STREET
SUITE 114
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

551 NW 77 STREET
SUITE 114
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 03-0474344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BACKUS, GARY L
551 NW 77 STREET
SUITE 114
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

WOLF, THOMAS S
551 NW 77 STREET
SUITE 114
BOCA RATON, FL 33487 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: THOMAS S WOLF

11/22/2004

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: P () Delete
Name: BACKUS, GARY L
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: WOLF, THOMAS S
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: MOTEN, SHEZAD A
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: LINDLEY, DAVID
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: GANNON, JAMES M
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Delete
Name: URSO, LEONARD
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOLF, THOMAS S
Address: 551 NW 77 ST SUITE 114
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: THOMAS S WOLF

D

11/22/2004

Electronic Signature of Signing Officer or Director

Date