2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # P02000081090 1. Entity Name SECURITY CONTACT, INC.								04-26-2005 9	0165 03	5 ***150	.00
Principal Place	e of Busines:	s	Ma	ailing Address		<u> </u>	- ∠ 004	OTOO			
1201 BRICKE				201 BRICKELL AVE.							
SUITE 630			S	SUITE 630							
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2. Principal P	face of Busin	ess	3.	Mailing Address							
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Suite, Apt.	#, etc.		7. 3	Suite, Apt. #, etc.			04222005	Chg-P	CR2EC	34 (10/03)	
City & State	e			City & State			4. FEI Number NOT APP	LICABLE		_ 	oplied For
Zip		Country		Zip	Coun	try	5. Certificate of			\$8.75 Add	ditional
	6. Name	and Address of Cur	rrent Regis	hared Agent	L		7 Name and A	ddress of New R	agistared .	Fee Require	<u> </u>
	o. Manie	and Addition of Out	Tone Hogis			Name	7. Raine and A	COLUMN I	agistai aci	4gent	
EUGENIA,			$\mathcal{Z}^{p^{2}}$,	·`							
1201 BRIC SUITE 630		Ε.				Street Address	(P.O. Box Number i	is Not Acceptable)		
MIAMI, FL							*********				
,						City		· · · · · · · · · · · · · · · · · · ·		Zip Cod	
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6. The above	named entit ions of regist	y submits this stateme leted agent.	ent for the p	urpose of changing its	registere	ed office or registe	ered agent, or both,	in the State of Flo	rida. I am	familiar with,	and accept
- 1	Nov		• •					04	1/2	2/05	
SIGNATURE	Signature, typed	or printed name of registered	agent and title	f applicable. (NOT	E: Registere	d Agent signature require	kd when reinstating)		DATE	• -	
		FEE IS \$150.00 5 Fee will be \$5		9. Election Campa Trust Fund Conf			i.00 May Be ded to Fees				**4**
		5 Fee will be \$5		Trust Fund Conf			ded to Fees	HANGES TO OFFI	CERS AND	DIRECTOR:	5 IN 11
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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 addless, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR