


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90024 048 \*\*\*150.00

<b>DOCUMENT # P02000089191</b>	
1. Entity Name <b>STEALTH SECURITY SERVICES, INC.</b>	

Principal Place of Business <b>522 S. HUNT CLUB BLVD 256 APOPKA, FL 32703</b>	Mailing Address <b>522 S. HUNT CLUB BLVD 256 APOPKA, FL 32703</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>2170 W. State Road 434</b>	3. Mailing Address <b>1564 Fitzgerlad Drive</b>
Suite, Apt. #, etc. <b>Suite 370</b>	Suite, Apt. #, etc. <b>118</b>

City & State <b>Longwood, FL</b>	City & State <b>Pinole, CA</b>
Zip <b>32779</b>	Country <b>USA</b>
Zip <b>94564</b>	Country <b>USA</b>



04242008 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent <b>ESPEJO, RICHARD 522 S. HUNT CLUB BLVD 256 APOPKA, FL 32703</b>	
--	--

7. Name and Address of New Registered Agent Name <b>Espejo, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>2170 W. State Road 434, Suite 370</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32779</b>	
---	--

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 Richard Espejo Operations Director 04-24-2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHARMA, ARCHENA <input type="checkbox"/> Delete 522 S. HUNT CLUB BLVD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHARMA, ARCHENA <input type="checkbox"/> Delete 522 S. HUNT CLUB BLVD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESPEJO, RICHARD <input type="checkbox"/> Delete 522 S. HUNT CLUB BLVD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Sharma, Archena <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2170 W. State Road 434, Suite 370 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Sharma, Archena <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2170 W. State Road 434, Suite 370 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D 2170 W. State Road 434, Suite 370 Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: Archena Sharma President 04-24-2008 407-682-1522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #