2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000100241

Entity Name: MARTIN SECURITY GROUP, INC.

Current Principal Place of Business:

314 NEWBURYPORT AVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150853
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 38-3659721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, BARBARA
314 NEWBURYPORT AVE.
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MARTIN, BARBARA
Address: 314 NEWBURY PORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P ( ) Delete
Name: MARTIN, THOMAS
Address: 314 NEWBURY PORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Delete
Name: MARTIN, JOHN
Address: 314 NEWBURY PORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Delete
Name: MARTIN, TIMOTHY
Address: 314 NEWBURY PORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTIN, BARBARA
Address: 314 NEWBURY PORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Change ( ) Addition
Name: MARTIN, JOHN
Address: 314 NEWBURYPORT AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 exemption stated 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 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: BARBARA MARTIN PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date