2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P02000130988

Entity Name: CELL SECURITY CORP.

Current Principal Place of Business:

3319 MAGUIRE BLVD.
SUITE 155
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3319 MAGUIRE BLVD.
SUITE 155
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 22-3886470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUFCY, CHARLES E
3319 MAGUIRE BLVD.
SUITE 155
ORLANDO, FL 32803 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:	TCEO	( ) Delete
Name:	LUFCY, CHARLES E	
Address:	3165 MCCROY PL STE 299	
City-St-Zip:	ORLANDO, FL 32803	
Title:	P	( ) Delete
Name:	LUFCY, JAHSON M	
Address:	1212A JAMAJO BLVD.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	AVP	(X) Delete
Name:	LUFCY, NOAH J	
Address:	211 WEST BAY AVE., APT. A	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	VP	(X) Delete
Name:	CRUZ, DAVID J	
Address:	2880 PLAZA TERRACE DR.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	S	(X) Delete
Name:	WRIGHT, ERIC S	
Address:	1101 WYNDHAM PEAK CT.	
City-St-Zip:	SANFORD, FL 32773	
Title:	AS	(X) Delete
Name:	GREENE, ROBERT M	
Address:	1101 WYNDHAM PEAK CT.	
City-St-Zip:	SANFORD, FL 32773	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPT	(X) Change ( ) Addition
Name:	LUFCY, CHARLES E	
Address:	3319 MAGUIRE BLVD STE 155	
City-St-Zip:	ORLANDO, FL 32803	
Title:	PS	(X) Change ( ) Addition
Name:	LUFCY, JAHSON M	
Address:	1212A JAMAJO BLVD.	
City-St-Zip:	ORLANDO, FL 32803	
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 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: JAHSON M LUFCY PS 04/12/2006

Electronic Signature of Signing Officer or Director — Date