


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P03000023598 1. Entity Name BALES SECURITY AGENCY, INC.	
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Principal Place of Business ATTN: DAVID WEINSTEIN 625 E. TWIGGS STREET TAMPA, FL 33602	Mailing Address ATTN: DAVID WEINSTEIN 625 E. TWIGGS STREET TAMPA, FL 33602
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0054366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, DAVID B
625 E. TWIGGS STREET
TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALES, JOHN C 625 E TWIGGS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, DAVID B 625 E TWIGGS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUNKER, WILLIAM L 625 E TWIGGS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PASK, WALTER A 625 E TWIGGS ST TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/06-80104-020 150.00

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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:  4/26/06 813-205-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #