


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90150 015 ***158.75

DOCUMENT # P03000128101			
1. Entity Name KILLIAN PRIME SECURITY INC.			
Principal Place of Business 3629 TRIMARAN PL TAMPA, FL 33607		Mailing Address 3629 TRIMARAN PL TAMPA, FL 33607	
2. Principal Place of Business 6613 Gates Pointe Way Suite, Apt. #, etc.		3. Mailing Address 6613 Gates Pointe Way Suite, Apt. #, etc.	
City & State Riverview, Florida		City & State Riverview, Florida	
Zip 33569	Country USA	Zip 33569	Country USA
6. Name and Address of Current Registered Agent KILLIAN, MICHAEL 3629 TRIMARAN PL TAMPA, FL 33607		7. Name and Address of New Registered Agent Name: Michael Killian Street Address (P.O. Box Number is Not Acceptable): 6613 Gates Pointe Way City: Riverview FL Zip Code: 33569	
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: <i>Michael Killian (Michael Killian)</i> DATE: 4/7/2005			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO KILLIAN, MICHAEL 3629 TRIMARAN PL TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO C.O.O. Michael Killian 6613 Gates Pointe Way Riverview - Florida - 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: <i>Michael Killian (Michael Killian)</i>		Date: 4/7/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		727-215-3594 (cell) Daytime Phone #	