

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 17, 2005
Secretary of State**

DOCUMENT# P03000147018

Entity Name: OPTICAL SURVEILLANCE INTERNATIONAL, INC.

Current Principal Place of Business:

1000 HOLCOMB WOODS PKWY
SUITE 444, BLDG 400
ROSWELL, FL 30076 US

New Principal Place of Business:

1 N. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

1000 HOLCOMB WOODS PKWY
SUITE 444, BLDG 400
ROSWELL, FL 30076 US

New Mailing Address:

1000 HOLCOMB WOODS PKWY
SUITE 444, BLDG 400
ROSWELL, GA 30076 US

FEI Number: 83-0393548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONALD M. GACHE, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PELLERIN, JEAN MARC
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: TD () Delete
Name: POULSON, BARRY
Address: ONE NORTH CLEMATIS STEET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP () Delete
Name: HENLEY, DAVID
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CFO () Delete
Name: LILLY, CHUCK
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: S () Delete
Name: POTVIN, DOMINIQUE
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D () Delete
Name: CARON, LEO
Address: ONE NORTH CLEMATIS STREET #500
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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 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: BARRY J. POULSON

TRES

10/17/2005

Electronic Signature of Signing Officer or Director

_____ Date