2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000147018 Fil. - 3 OPTICAL SURVEILLANCE INTERNATIONAL, INC. 06 001 -3 70 9:24 Principal Place of Business Mailing Address 1000 HOLCOMB WOODS PKWY 1000 HOLCOMB WOODS PKWY STE 444 BLDG 400 **SUITE 444, BLDG 400** ROSWELL, GA 30076 ROSWELL, GA 30076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09152006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 83-0393548 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RONALD M. GACHE, P.A. Street Address (P.O. Box Number is Not Acceptable) ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change ☐ Addition PELLERIN, JEAN MARC NAME NAME 600080415626 STREET ADDRESS ONE NORTH CLEMATIS STREET #500 STREET ADDRESS 10/703/108-7-01/060-7005 ******81.25 CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME POTVIN, DOMINIQUE NAME STREET ADDRESS ONE NORTH CLEMATIS STREET #500 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplier indicated on this report or supplemental epoch of the corporation or the receiver or true seems. this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information 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 mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if es; with all other like empoyered. of the corporation or the rece changed, or on an attachmen GNING OFFICER OR DIRECTOR Date SIGNATURE: