1. Ently Name NETTING SECUREMENT SOLUTIONS, INC, Secretary of State Principal Place of Business	2005 FOR PROFIT CO ANNUAL REF	FILED	
205 BELL BRANCH IN JACKSONVILLE, FL 32259 205 BELL BRANCH LN JACKSONVILLE, FL 32259 DO NOT WRITE IN THIS SPACE 01052005 No Chg-P CR2E034 (10/03) 4. FEI Number 41-2121443 Induitional Fee Required 6. Name and Address of Current Registered Agent ORAND, MELANIE D 205 BELL BRANCH LN JACKSONVILLE, FL 32259 DO NOT WRITE Not Applicable 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 Status Desired agent. DATE FLE Nowith FEE IS \$150.00 9. Election Campaign Financing \$500 May Be	1. Entity Name	c,	Jan 07, 2005 08:00 AM Secretary of State
DO NOT WRITE IN THIS SPACE 01052005 No Chg-P CR2E034 (10/03) 4. FEI Number 41-2121443 Applied For 41-2121443 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent ORAND, MELANIE D 205 BELL BRANCH LN JACKSONVILLE, FL 32259 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 ONOTE the purpose of changing its registered Agent sensure required when referetables) PILE NOWILL FEE IS \$150.00 P. Election Campaign Financing	205 BELL BRANCH LN 205 I	BELL BRANCH LN	
ORAND, MELANIE D 205 BELL BRANCH LN JACKSONVILLE, FL 32259			01052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 41-2121443 Not Applicable 5. Configure of Status Desired 58.75 Additional
the obligations of registered agent. SIGNATURE	ORAND, MELANIE D 205 BELL BRANCH LN	d Agent	
	the obligations of registered agent.		
Arter may 1, 2005 Fee will be \$550.00	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5 Trust Fund Contribution. Add	.00 May Be led to Fees
10. OFFICERS AND DIRECTORS ITILE DPS NAME ORAND, MELANIE D STREET ADDRESS 205 BELL BRANCH LN CITY-ST-ZP JACKSONVILLE, FL 32259 TITLE D1/07/05-80016-004 158.75 NAME STREET ADDRESS	TITLE DPS NAME ORAND, MELANIE D STREET ADDRESS 205 BELL BRANCH LN CITY-ST-ZIP JACKSONVILLE, FL 32259 TITLE NAME	RS	U00000173369 J1/07/05-80016-004 158.75
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CITY - ST - ZIP	CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: SIGNATURE: 1-5-05 904-330-40449 BigNATURE: Date Date Date	SIGNATURE: // lelaure M). ()raud	1-5-05 904-230-4949