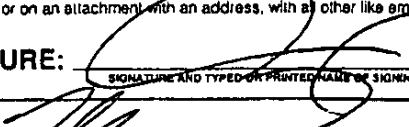


2005 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2005 90168 022 ***150.00
P04000012459

05 AUG -4 AM 9:33

50047512

DOCUMENT # P04000012459			
1. Entity Name ETERNAL SECURITY, INC.			
Principal Place of Business 2001 W. SAMPLE ROAD #300 POMPANO BEACH, FL 33064		Mailing Address 2001 W. SAMPLE ROAD #300 POMPANO BEACH, FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3146772		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, PATRICIA ESQ. 2001 W. SAMPLE ROAD #300 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D LAGASSE, SEAN 2001 W. SAMPLE ROAD SUITE 300 POMPANO BEACH, FL 33064 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH C SIENKIEWICZ 2001 W SAMPLE RD SUITE 300 POMPANO BEACH FL 33064 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFIERI, MARK 2001 W. SAMPLE ROAD SUITE 300 POMPANO BEACH, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 errors.			
SIGNATURE: 		JOSEPH C. SIENKIEWICZ April 26, 2005 954-969-1010 ext 135	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
MARK ALFIERI		8-1-05	

AUG 10 2005