

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015258

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: CREATIVE SECURITY SYSTEMS, INC.

## Current Principal Place of Business:

5232 NW 89TH DRIVE  
CORAL SPRINGS, FL 33455

## New Principal Place of Business:

5232 NW 89TH DRIVE  
CORAL SPRINGS, FL 33067

## Current Mailing Address:

10693 WILES RD.  
#124  
CORAL SPRINGS, FL 33076

## New Mailing Address:

FEI Number: 32-0103886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VON WELLSHEIM, MARK M  
5232 NW 89TH DRIVE  
CORAL SPRINGS, FL 33067      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VON WELLSHEIM, MARK  
Address: 5232 NW 89TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete  
Name: BLUNDEN, PAUL  
Address: 86 WILLOWTREE PLACE  
City-St-Zip: GROSSE POINTE SHORES, MI 48236

Title: D ( ) Delete  
Name: LYNCH, JOSEPH  
Address: 11039 NW 46TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK VON WELLSHEIM

PRES

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date