

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000086270

FILED
Sep 29, 2008
Secretary of State

Entity Name: DETECTION SOLUTIONS AND SERVICES, INC.

Current Principal Place of Business:

1055 ROLLING ACRES DR.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

1055 ROLLING ACRES DR.
DELAND, FL 32720

New Mailing Address:

FEI Number: 56-2461162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONDS, JO ANN
1055 ROLLING ACRES DR.
DELAND, FL 32720 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: SIMONDS, MICHAEL E
Address: 1055 ROLLING ACRES DR.
City-St-Zip: DELAND, FL 32720

Title: STD () Delete
Name: SIMONDS, JO ANN
Address: 1055 ROLLING ACRES DR.
City-St-Zip: DELAND, FL 32720

Title: VPD (X) Delete
Name: BAILEY, MICHAEL DR.
Address: 108 OAK HAVEN CIRCLE
City-St-Zip: DELAND, FL 32720

Title: TRD (X) Delete
Name: SIMONDS, DEREK M
Address: 103 OAK HAVEN CIRCLE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMONDS, JO ANN
Address: 1055 ROLLING ACRES DR.
City-St-Zip: DELAND, FL 32720

Title: STD (X) Change () Addition
Name: SIMONDS, MICHAEL E
Address: 1055 ROLLING ACRES DR.
City-St-Zip: DELAND, FL 32720

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 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: JO ANN SIMONDS

PD

09/29/2008

Electronic Signature of Signing Officer or Director

Date