

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125433

FILED
Apr 29, 2005
Secretary of State

Entity Name: SECURITY ONE FRANCHISING GROUP, INC.

Current Principal Place of Business:

5747 N ANDREWS WAY
FT LAUDERDALE, FL 33309

New Principal Place of Business:

5775 N ANDREWS WAY
FT LAUDERDALE, FL 33309

Current Mailing Address:

5747 N ANDREWS WAY
FT LAUDERDALE, FL 33309

New Mailing Address:

5775 N ANDREWS WAY
FT LAUDERDALE, FL 33309

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASQUARELLO, JAMES A
5747 N ANDREWS WAY
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PASQUARELLO, JAMES A
5775 N ANDREWS WAY
FT LAUDERDALE, FL 33309 US

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

04/29/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEWMAN, ROBERT
Address: 5747 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V () Delete
Name: PASQUARELLO, JAMES A
Address: 5747 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWMAN, ROBERT
Address: 5775 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V (X) Change () Addition
Name: PASQUARELLO, JAMES A
Address: 5775 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RN

Electronic Signature of Signing Officer or Director

P

04/29/2005

Date