


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90014 017 \*\*\*150.00

<b>DOCUMENT # P04000129293</b>	
1. Entity Name <b>ALLSTATE SECURITY SOLUTIONS, INC.</b>	

Principal Place of Business <b>501 W MAIN ST LAKE HAMILTON, FL 33851 US</b>	Mailing Address <b>P O BOX 449 LAKE HAMILTON, FL 33851 US</b>
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40114284



2. Principal Place of Business - No P.O. Box # <b>903 W Main St.</b>	3. Mailing Address <b>903 W Main St</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

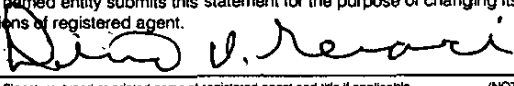
05082007 Chg-P CR2E034 (12/06)

City & State <b>Lake Hamilton, FL</b>	City & State <b>Lake Hamilton, FL</b>
Zip <b>33851</b>	Country <b>US</b>

4. FEI Number <b>20-1630910</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GERACCI, ESTHER 501 W MAIN ST LAKE HAMILTON, FL 33851</b>	7. Name and Address of New Registered Agent Name <b>Geracci, Dino</b> Street Address (P.O. Box Number is Not Acceptable) <b>903 W Main St</b> City <b>Lake Hamilton</b> <b>FL</b> Zip Code <b>33851</b>
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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 	DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GERACCI, DINO 501 W MAIN ST LAKE HAMILTON, FL 33851 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-SEC BICE, TAMMY 501 W MAIN ST LAKE HAMILTON, FL 33851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		