## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000130149

Entity Name: XANTHOUS SECURITY COMPANY

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
YULEE, FL 32097			SUITE B	. WIND WAY . 320976305 US	
Current Mailing Address:			New Mailii	New Mailing Address:	
96016 SAIL YULEE, FL	WIND WAY 32097		SUITE B	- WIND WAY . 320976305 US	
FEI Number:	20-1731067	FEI Number Applied For ( ) FEI	Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUTTON, N 96016 SAIL YULEE, FL	WIND WAY		SUITE B	MELISSA L L WIND WAY . 320976305 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.					
				02/09/2007	
Electronic Signature of Registered Agent Date					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title:		elete	Title:	DPT (X) Change ( ) Addition	
Name: Address: City-St-Zip:	SUTTON, MICHAE 96016 SAIL WIND YULEE, FL 3209	EL G D WAY	Name: Address: City-St-Zip:	SUTTON, MELISSA L 96016 SAIL WIND WAY YULEE, FL 320976305 US	
Title: Name: Address: City-St-Zip:	DS () D EDWARDS, ROB 1830 CLINCH DR FERNANDINA BE		Title: Name: Address: City-St-Zip:	DVPS (X) Change ( ) Addition EDWARDS, ALISIA P 87177 KIPPLING DRIVE YULEE, FL 32097 US	
Title: Name: Address: City-St-Zip:	()[	elete	Title: Name: Address: City-St-Zip:	NONE ( ) Change (X) Addition NONE, NONE NONE YULEE, FL 32097 US	
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Title: Name: Address: City-St-Zip:	( ) [	elete	Title: Name: Address: City-St-Zip:	NONE ( ) Change (X) Addition NONE, NONE NONE YULEE, FL 32097 US	

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: MELISSA L. SUTTON DPT 02/09/2007