

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90103 041 ***155.00

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1. Entity Name

SECURITY SOFTWARE, INC.



Principal Place of Business

1550 NE MIAMI GARDENS DRIVE
SUITE 305
NORTH MIAMI BEACH, FL 33179

Mailing Address

1550 NE MIAMI GARDENS DRIVE
SUITE 305
NORTH MIAMI BEACH, FL 33179



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0528770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, GENE S ESQ.
1550 NE MIAMI GARDENS DRIVE
SUITE 305
NORTH MIAMI BEACH, FL 33179

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when "constating")

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PROVAN, ALASDAIR M
STREET ADDRESS 1550 NE MIAMI GARDENS DR, STE 305
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE VD
NAME BALISTER, PAUL
STREET ADDRESS 1550 NE MIAMI GARDENS DR, STE 305
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALASDAIR M. PROVAN
PRESIDENT

01/17/06

Date

(305) 935 0298

Daytime Phone #