


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90022 001 \*\*\*150.00

<b>DOCUMENT # P04000156600</b>	
1. Entity Name <b>OVERLAND SURVEILLANCE SYSTEMS, INC.</b>	

Principal Place of Business <b>2556 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703</b>	Mailing Address <b>2556 JMT INDUSTRIAL DRIVE STE 101 APOPKA, FL 32703</b>
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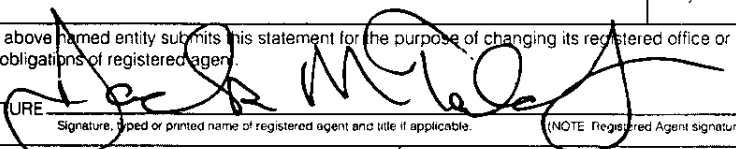
2. Principal Place of Business - No P.O. Box # <b>2516 JMT INDUSTRIAL, STE 101</b> Suite, Apt. #, etc. <b>APOPKA, FL SUITE 101</b> City & State <b>APOPKA, FL</b> Zip <b>32703</b> Country <b>ORANGE</b>	3. Mailing Address <b>2516 JMT INDUSTRIAL DR, STE 101</b> Suite, Apt. #, etc. <b>SUITE 101</b> City & State <b>APOPKA, FL</b> Zip <b>32703</b> Country <b>ORANGE</b>
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01042008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>TALANSKY, JACK M 2516 JMT INDUSTRIAL DRIVE SUITE 101 APOPKA, FL 32703</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

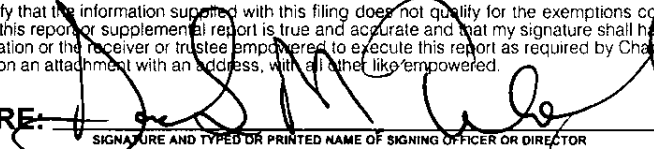
SIGNATURE  DATE **1/21/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D.P, TALANSKY, JACK M 2516 JMT INDUSTRIAL DRIVE, SUITE 101 APOPKA, FL 32703</b> <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
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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 **1/21/08** DAYTIME PHONE # **407-293-3382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR