

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90183 013 \*\*\*150.00

**DOCUMENT # P04000169310**

1. Entity Name  
**SECURITY INNOVATION, INC.**



Principal Place of Business  
**1990 W NEW HAVEN ST STE 210  
MELBOURNE, FL 32904**

Mailing Address  
**1990 W NEW HAVEN ST STE 210  
MELBOURNE, FL 32904**

**50044881**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

**20-2028365**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KANCILIA, JOHN R  
1800 W HIBISCUS BLVD STE 138  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME BURNS, GORDON ☒ Delete  
STREET ADDRESS 4450 EAU GALLIE BLVD STE 240  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE DT  
NAME WHITTAKER, JAMES A PH D ☒ Delete  
STREET ADDRESS 4450 EAU GALLIE BLVD STE 240  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE DP  
NAME ADAMS, EDWARD ☒ Delete  
STREET ADDRESS 4450 EAU GALLIE BLVD STE 240  
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☒ Change ☐ Addition  
NAME Burns, Gordon  
STREET ADDRESS 1990 W New Haven St Ste 210  
CITY-ST-ZIP Melbourne FL 32904

TITLE DT ☒ Change ☐ Addition  
NAME Whittaker, James A Ph D  
STREET ADDRESS 1990 W New Haven St Ste 210  
CITY-ST-ZIP Melbourne, FL 32904

TITLE DP ☒ Change ☐ Addition  
NAME Adams, Edward  
STREET ADDRESS 1990 W New Haven St Ste 210  
CITY-ST-ZIP Melbourne, FL 32904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*E. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-05**

Date

Daytime Phone #