2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006
Secretary of State

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Entity Name: SECURITY GATE & ACCESS CONTROL, INC.

Current Principal Place of Business:

3 SOUTH PINE ISLAND ROAD
UNIT 112
PLANTATION, FL 33324

New Principal Place of Business:

6900-29 DANIELS PKWY
STE. 291
FORT MYERS, FL 33912

Current Mailing Address:

3 SOUTH PINE ISLAND ROAD
UNIT 112
PLANTATION, FL 33324

New Mailing Address:

6900-29 DANIELS PKWY
STE. 291
FORT MYERS, FL 33912

FEI Number: 20-2293860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERT E. LIVINGSTON, P.A.
445 S. COMMERCE AVE.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: PICHE, GREG A
Address: 3 S. PINE ISLAND ROAD, UNIT 112
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRAHAM, NICOLE A
Address: 3755 WYNSTONE DR.
City-St-Zip: SEBRING, FL 33875

Title: VP ( ) Change (X) Addition
Name: GRAHAM, NICOLE A
Address: 3755 WYNSTONE DR.
City-St-Zip: SEBRING, FL 33875

Title: S ( ) Change (X) Addition
Name: BROWN, KEIDA J
Address: 3755 WYNSTONE DR.
City-St-Zip: SEBRING, FL 33875

Title: T ( ) Change (X) Addition
Name: BROWN, KEIDA J
Address: 3755 WYNSTONE DR.
City-St-Zip: SEBRING, FL 33875

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: NICOLE A GRAHAM P 03/10/2006

Electronic Signature of Signing Officer or Director — Date