
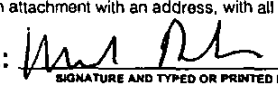


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90225 009 \*\*\*150.00

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<b>DOCUMENT # P05000020695</b>					
<b>1. Entity Name</b> FINANCIAL SECURITY SERVICES OF AMERICA, INC.					
<b>Principal Place of Business</b> 7378 SUNRISE BLVD., STE. 200 KEYSTONE HEIGHTS, FL 32656			<b>Mailing Address</b> 7378 SUNRISE BLVD., STE. 200 KEYSTONE HEIGHTS, FL 32656		
<b>2. Principal Place of Business</b> 160 MAGNOLIA AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 160 MAGNOLIA AVE. Suite, Apt. #, etc.			
City & State KEYSTONE HEIGHTS FL		City & State KEYSTONE HEIGHTS FL		<b>4. FEI Number</b> 20-2370638	
Zip 32656		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROOKER, MICHAEL E. 7378 SUNRISE BLVD., STE. 200 KEYSTONE HEIGHTS, FL 32656			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable) 160 MAGNOLIA AVE  City KEYSTONE HEIGHTS FL Zip Code 32656		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKER, MICHAEL E. 7378 SUNRISE BLVD., STE. 200 KEYSTONE HEIGHTS, FL 32656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 MAGNOLIA AVE KEYSTONE HEIGHTS FL 32656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> 			April 24 2006 (352) 473-8226		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		