

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90337 026 \*\*\*150.00

<b>DOCUMENT # P05000074021</b> 1. Entity Name <b>ARAGON SECURITY CORPORATION</b>					
Principal Place of Business <b>1010 NW 11TH ST., UNIT 207 MIAMI, FL 33136</b>			Mailing Address <b>1010 NW 11TH ST., UNIT 207 MIAMI, FL 33136</b>		
2. Principal Place of Business <b>1010 NW 11ST</b> Suite, Apt. #, etc. <b>#207</b> City & State <b>Miami FL</b> Zip <b>33136</b>		3. Mailing Address <b>1010 NW 11ST</b> Suite, Apt. #, etc. <b>#207</b> City & State <b>Miami FL</b> Zip <b>33136</b>		4. FEI Number <b>04072006</b> Chg-P <b>CR2E034 (11/05)</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPEERS, JACK L SR. 17624 SW 74TH PLACE MIAMI, FL 33157-6337</b>			7. Name and Address of New Registered Agent Name <b>Seth Carpenter</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 NW 11ST #207</b> City <b>Miami FL</b> Zip Code <b>33136</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. SIGNATURE:  DATE: <b>4/7/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing 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	<b>PVST CARPENTER, SETH 1010 NW 11TH ST., UNIT 207 MIAMI, FL 33136</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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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: <b>4/7/06</b> DAYTIME PHONE: <b>305-324-1272</b>		