

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90425 037 ***150.00

DOCUMENT # P05000091863 1. Entity Name FEDERAL TACTICS SECURITY, INC.																																									
Principal Place of Business 1100 S.W. 36 CT # 15 MIAMI, FL 33134			Mailing Address 1100 S.W. 36 CT # 15 MIAMI, FL 33134																																						
2. Principal Place of Business Suite, Apt. #, etc. 3762 SW 26 TERR			3. Mailing Address Suite, Apt. #, etc. 3762 SW 26 TERR																																						
City & State MIAMI - FL		City & State MIAMI - FL		4. FEI Number 70-3638327																																					
Zip 33134		Country 33134		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent ZACCONI, MATIAS A 1100 S.W. 36 CT # 15 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name ZACCONI MATIAS A Street Address (P.O. Box Number is Not Acceptable) 3762 SW 26 TERR City MIAMI FL Zip Code 33134																																					
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  04-12-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P ZACCONI, MATIAS A 1100 S.W. 36 CT # 15 MIAMI, FL 33134 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZACCONI, MATIAS A 1100 S.W. 36 CT # 15 MIAMI, FL 33134		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P ZACCONI MATIAS A 3762 SW 26 TERR MIAMI - FL - 33134 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZACCONI MATIAS A 3762 SW 26 TERR MIAMI - FL - 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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:  04-12-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									