2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013947

City-St-Zip:

ORLANDO, FL 32825

Entity Name: WE GOT SECURITY, INC.

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 27 LAWRENCE LAKES DRIVE 1782 SW COMMARGO ST BOYNTON BEACH, FL 33436 PORT SAINT LUCIE, FL 34987 **Current Mailing Address: New Mailing Address:** 4121 PARKER AVE WEST PALM BCH, FL 33405 FEI Number: 56-2554940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONDO III, JOSEPH G 27 LAWRENCE LAKES DRIVE BOYNTON BEACH, FL 33436 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MONDO, JOSEPH G III Name: Name: 27 LAWRENCE LAKES DRIVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition SHARP, BILLY R Name: Name: 2710 DAYBREAK DR Address: Address: ORLANDO, FL 32825 City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition MONDO, JOSEPH III Name: Name: 27 LAWRENCE LAKES DR Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: Title: SEC () Delete Title: () Change () Addition SHARP, BILLY R Name: Name: Address: 2710 DAYBREAK DR Address:

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

City-St-Zip:

SIGNATURE: JOE MONDO PRES 02/25/2009