FILED Apr 30, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-30-2008 90204 034 ***150.00 DOCUMENT # P06000048701 360 SECURITY SOLUTIONS CORPORATION 60035241 Principal Place of Business Mailing Address 14600 SW 74TH CT. 14600 SW 74TH CT. PALMETTO BAY, FL 33158 PALMETTO BAY, FL 33158 03142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 26-0488045 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORDWINKIN, NICOLAS

DO NOT WRITE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

14600 SW 74TH CT. PALMETTO BAY, FL 33158			IN THIS SPACE			
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						
FILE NOTE:: FEE 13 3 130.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD MORDWINKIN, NICOLAS 14600 SW 74TH CT. PALMETTO BAY, FL 33158					
NAME STREET ADDRESS CITY-ST-ZIP	VDST MORDWINKIN, MARTA NOA 14600 SW 74TH CT. PALMETTO BAY, FL 33158					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SPA	CE
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						
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 his 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 life empowered.						
SIGNATURE: 3/30/0 8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Proce #						