2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000059350

1. Entity Name

THIRD EYE DETECTIVE AND SECURITY SERVICES INC.



FILED Jul 28, 2008 08:00 AM Secretary of State

Principal Place of Business

5505 NW 41 TERRACE COCONUT CREEK, FL 33073

Mailing Address

5505 NW 41 TERRACE COCONUT CREEK, FL 33073



DO NOT WRITE IN THIS SPACE

07152008 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
03-0588682	 ļ	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DEAN, RYAN J 5505 NW 41 TERRACE COCONUT CREEK, FL 33073

SIGNATURE:

DO NOT WRITE 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	Signature, typed or printed name of registered agent and the	te il applicable. (NOTE: Registered	Agent signature	required when reinstating}	DATE		
FILE NOWIH FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finan Trust Fund Contribution.		ing 🔲	\$5.00 May Be Added to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIR	ECTORS			I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, RYAN J 5505 NW 41ST TERRACE COCONUT CREEK, FL 33073				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000956432 07/28/08-80003-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-2IP							
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.							

PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR