## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000083303

City-St-Zip:

Entity Name: ADAPT TO YOUR NEEDS SECURITY, INC.

FILED Apr 23, 2009 Secretary of State

| Current Principal Place of Business:              |  |                                | New Prince                                  | New Principal Place of Business:             |  |   |
|---|--|--------------------------------|---|--|--|---|
| 14840 NAF<br>UNIT C4A<br>MIAMI, FL                |  | S BLVD                         |   |  |  |   |
| Current Mailing Address:                          |  |                                | New Maili                                   | New Mailing Address:                         |  |   |
| PO BOX 1<br>MIAMI, FL                             |  |                                |   |  |  |   |
| FEI Number: 20-5079629 FEI Number Applied For ( ) |  | FEI Number Not Appl            | icable ( )                                  | Certificate of Status Desired ( )            |  |   |
| Name and Address of Current Registered Agent:     |  |                                | Name and                                    | Name and Address of New Registered Agent:    |  |   |
| BRANCA,<br>1688 COR<br>MIAMI, FL                  | AL WAY   |                                |   |  |  |   |
|   | named entity<br>e of Florida.                          | submits this statement for the | e purpose of changing i                     | ts registere                                 | ed office or registered agent, or both | , |
| SIGNATU   | RE:  |                                |   |  |  |   |
|   | Electro  | nic Signature of Registered A  | gent  |  | Date                                   | • |
| Election Car                                      | mpaign Financin  | g Trust Fund Contribution ( ). |   |  |  |   |
| OFFICERS AND DIRECTORS:                           |  |                                | ADDITION                                    | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | PVPD (<br>BRANCA, CHR<br>1688 CORAL \<br>MIAMI, FL 33° | VAY                            | Title:<br>Name:<br>Address:<br>City-St-Zip: |  | () Change () Addition                  |   |
| Title:<br>Name:<br>Address:                       | (  | ) Delete                       | Title:<br>Name:<br>Address:                 | VP<br>BRANCA, Z<br>1688 CORA                 |  |   |

MIAMI, FL 33145

City-St-Zip:

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.

SIGNATURE: CHRIS BRANCA PVPD 04/23/2009