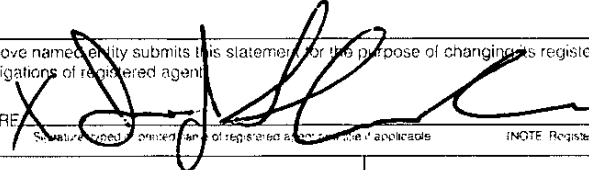
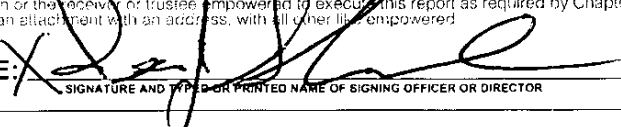


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90043 019 ***150.00

DOCUMENT # P06000087590 1. Entity Name HALI SECURITY INC.			
Principal Place of Business 425 NORTHEAST 20TH STREET BOCA RATON, FL 33431		Mailing Address C/O PBS 110 E ATLANTIC AVE 238 DELRAY BEACH, FL 33444 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>C/O PBS</i> <i>141 NW 205th St</i> <i>Boca Raton</i> <i>FL</i> <i>33431 USA</i>	
		40011308 	
		01152008 Chg-P CR2E034 (12/06)	
		4. FEI Number 22-3936458 Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, IRA 110 E ATLANTIC AVE 235 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ (Signature required if principal place of business or registered agent is changed. (NOTE: Registered Agent signature required when re-statuting))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT ☐ Delete	TITLE	Change ☐ Addition ☐
NAME	SCHNEIDER, IRA	NAME	
STREET ADDRESS	425 NORTHEAST 20TH STREET	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON, FL 33431	CITY- ST- ZIP	
TITLE	S ☐ Delete	TITLE	Change ☐ Addition ☐
NAME	SCHNEIDER, STACI	NAME	
STREET ADDRESS	425 NORTHEAST 20TH STREET	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON, FL 33431	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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:  Date _____ Designation: _____ SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			