FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90038 022 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000109302

1. Entity Name
INTERNAL SECURITY SERVICE, INC.

40030001?

02182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
943 N.W. 46TH STREET MIAMI, FL 33127	943 N.W. 46TH STREET MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
159 NE 54th STREET	60 NE 52nd STREET
Suite, Apt. #, etc. SUITE 6	Suite, Apt. #, etc.
City & State MIAMI FL	City & State MIAMI FL
Zip 33137 Country USA	Zip 33137 Country USA

4. FEI Number 02-0787664 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIERRE, GLADYS 943 N.W. 46TH STREET MIAMI, FL 33127	Name JOSEPH GEDEON Street Address (P.O. Box Number is Not Acceptable) 159 NE 54th STREET SUITE 6 City MIAMI FL Zip Code 33137

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] JOSEPH GEDEON 2/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 PD NAME GEDEON, JOSEPH STREET ADDRESS 60 N.E. 52ND STREET CITY-ST-ZIP MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE STD NAME PIERRE, GLADYS STREET ADDRESS 943 NW 46 STREET CITY-ST-ZIP MIAMI FL 33127	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] JOSEPH GEDEON 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #