2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114047

Entity Name: EPSEC CORPORATION

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

437 COUNTRY WOOD CIRCLE 1980 DOLGNER PLACE LAKE MARY, FL 32746

STE 1044

SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

437 COUNTRY WOOD CIRCLE PO BOX 953813

LAKE MARY, FL 32746 LAKE MARY, FL 32795

FEI Number: 20-8787585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CALO, DEBORAH L 437 COUNTRY WOOD CIRCLE LAKE MARY, FL 32746

DUREN, JOSEPH S 1980 DOLGNER PLACE STE 1044 SANFORD, FL 32771 US

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.

SIGNATURE: JOSEPH DUREN 04/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

DUREN, JOSEPH DUREN, JOSEPH Name: Name: 437 COUNTRY WOOD, CIR PO BOX 953813 Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32795

Title: VΡ () Delete Title: () Change () Addition

Name: DODD, WILLIAM L Name: 5945 NORTH TROPICAL TRAIL Address: Address: MERRITT ISLAND, FL 32953 City-St-Zip: City-St-Zip:

Title: Title: ST (X) Delete () Change () Addition

CALO, DEBORAH Name: Name: 437 COUNTRY WOOD CIRCLE Address: Address: City-St-Zip: LAKE MARY, FL 32746 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: JOSEPH DUREN **PST** 04/07/2009