## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 9

## Mar 29, 2007 8:00 am Secretary of State **DOCUMENT # P06000149834** 03-29-2007 90021 038 \*\*\*150.00 SECURITY GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 10387 GREENTRAIL DR. N. 10387 GREENTRAIL DR. N. BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Chg-P CR2E034 (12/06) 4. FEI Number 20- 59 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOWLER, SANDRA L 10387 GREENTRAIL DR. N. Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH, FL 33436** City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PVST** TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME FOWLER, SANDRA L NAME STREET ADDRESS 10387 GREENTRAIL DR. N. STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP ППF ☐ Delete ☐ Change Addition NAME FOWLER, SANDRA L NAME STREET ADDRESS 10387 GREENTRAIL DR. N. STREET ADDRESS CITY-ST-7IP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7JP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ment with an address, with all other like enpowered. changed, or on an attack

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