

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022218

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** SECURITY WATCH SECURITY SERVICES, INC.

**Current Principal Place of Business:**

469 ALEXANDER AVE  
DELTONA, FL 32725

**New Principal Place of Business:**

2170 W. STATE ROAD 434  
SUITE 370  
LONGWOOD, FL 32779

**Current Mailing Address:**

1564 FITZGERALD DRIVE  
SUITE 118  
PINOLE, CA 94564

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
4  
WESTON, FL 33331 US

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

SHARMA, ARCHENA  
2170 W. STATE ROAD 434  
SUITE 370  
LONGWOOD, FL 32779 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: ARCHENA SHARMA

07/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHARMA, ARCHENA  
Address: 1564 FITZGERALD DRIVE SUITE 118  
City-St-Zip: PINOLE, CA 94564

Title: VP ( ) Delete  
Name: SHARMA, ARCHENA  
Address: 1564 FITZGERALD DRIVE SUITE 118  
City-St-Zip: PINOLE, CA 94564

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ARCHENA SHARMA

P

07/17/2008

Electronic Signature of Signing Officer or Director

Date