

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90022 049 \*\*\*150.00

<b>DOCUMENT # P07000058758</b> 1. Entity Name <b>GATLIN SECURITY AND HOME ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>1822 LOCH HAVEN CT. TRINITY, FL 34655</b>			Mailing Address <b>1822 LOCH HAVEN CT. TRINITY, FL 34655</b>		
2. Principal Place of Business - No P.O. Box # <b>2445 Merchant Avenue</b>		3. Mailing Address <b>5401 Central Avenue</b>			
Suite, Apt. #, etc. <b>Suite B</b>		Suite, Apt. #, etc. 			
City & State <b>Odessa, FL</b>		City & State <b>St Petersburg, FL</b>		4. FEI Number <b>26-0280909</b>	
Zip <b>33556</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCATEE, CAROL 5401 CENTRAL AVE. ACCOUNTING CONSULTANTS ST. PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS GATLIN, CHRISTINE 1822 LOCH HAVEN CT. TRINITY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GATLIN, STEVE 1822 LOCH HAVEN CT. TRINITY, FL 34655</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Christine Gatlins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/15/08 813376-8313</b> <small>Date Daytime Phone #</small>		