2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P08000084506

Entity Name: POWERPLUS SECURITY, INC.

Current Principal Place of Business:

6160 N DAVIS HWY STE 9B
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6160 N DAVIS HWY STE 9B
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3537086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELL, STEPHEN B
SHELL FLEMING DAVIS AND MENGES, P.A.
226 PALAFOX PLACE 9TH FLOOR
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GRIFFIN, JOHNNY
Address: 8516 SAWMILL RUN
City-St-Zip: PENSACOLA, FL 32514

Title: DVS ( ) Delete
Name: COOL, JOHN K
Address: 19 THOMPSON HILL ROAD
City-St-Zip: CANTON, CT 06019

Title: D ( ) Delete
Name: WEAVER, HAROLD W JR
Address: 193 EVE CLIFF DR
City-St-Zip: DALLAS, GA 30132

Title: D ( ) Delete
Name: CARR, THOMAS J
Address: 127 GARTH ROAD
City-St-Zip: SCARSDALE, NY 10583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHNNY L. GRIFFIN DPT 01/12/2009

Electronic Signature of Signing Officer or Director — Date