2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23797

FILED Feb 08, 2007 Secretary of State

Entity Name: SECURITIES SERVICE NETWORK, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	CHNOLOGY DF	₹		
STE 1 (NOXVILL	E, TN 37932	US		
Surrent M	lailing Addres	s:	New Mailing Addres	ss:
	CHNOLOGY DF	२		
STE 1 (NOXVILL	.E, TN 37932	US		
El Number	: 62-1152936	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	W.E. LATT STREET L 33606 US			
, .				
he above	named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	e of Florida. RE:	submits this statement for the particles in the particles of Registered Agric Signature of Registered Agric		ed office or registered agent, or both, Date
the above the State	e of Florida. RE: Electron	·		
The above the State SIGNATUI	e of Florida. RE: Electron	ic Signature of Registered Agon Trust Fund Contribution ().	ent	
The above the State of the Stat	e of Florida. RE: Electron mpaign Financing S AND DIRECT	ic Signature of Registered Ago Trust Fund Contribution (). FORS: Delete D L L DR	ent	Date
The above the State SIGNATUI	e of Florida. RE: Electron mpaign Financing S AND DIRECT S () COFFEY, DAVIE 122 COLDWELL OAK RIDGE, TN	ic Signature of Registered Agr Trust Fund Contribution (). FORS: Delete D L L DR I Delete HAEL E S LANE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: WADE WILKINSON PTD 02/08/2007