

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28993

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: GRAPHIC SECURITY SYSTEMS CORP.

**Current Principal Place of Business:**

4450 JOG ROAD  
LAKE WORTH, FL 334674151 US

**New Principal Place of Business:**

**Current Mailing Address:**

4450 JOG ROAD  
LAKE WORTH, FL 334674151 US

**New Mailing Address:**

FEI Number: 11-2575050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ALASIA, ALFRED V.  
4450 JOG ROAD  
LAKE WORTH, FL 334674151 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: CD      ( ) Delete  
Name: ALASIA, ALFRED V CEO  
Address: 9720 PINE MILL COURT  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD      ( ) Delete  
Name: ALASIA, THOMAS C  
Address: 3674 WOODSWALK BLVD.  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD      ( ) Delete  
Name: ALASIA, ALFRED J  
Address: 283 CYPRESS TRACE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VTSD      ( ) Delete  
Name: ROBERTS, NANETTE A  
Address: 23-22 30TH RD, APT.10D  
City-St-Zip: ASTORIA, NY 11102

**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 for the exemption stated in Section 119.07(3)(i), 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: NANETTE A. ROBERTS

VTS

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date