

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