


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P32067.
1. Entity Name
TSI SECURITY ACQUISITION CORP.



Principal Place of Business
C/O DONALD S. CALDER, P.A.
8181 W. BROWARD BLVD SUITE 350
PLANTATION, FL 33324

Mailing Address
C/O DONALD S. CALDER, P.A.
8181 W. BROWARD BLVD SUITE 350
PLANTATION, FL 33324



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3080238

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
CALDER, DONALD S
8181 W. BROWARD BLVD SUITE 350
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD LINEBERGER, JAMES E. 1120 BOSTON POST RD DARIEN, CT |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VS LINEBERGER, J.E. JR 1120 BOSTON POST RD DARIEN, CT 06820 |
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100000004220
01/15/04-80002-018 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 employees.

SIGNATURE:  1/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #