2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Apr 05, 2006 8:00 am Secretary of State

DOCUMENT # P40046 1. Entity Name SENTINEL SECURITY PLANS, INC.					04-05-2006 90152 033 ***150.00			
		Mailing Address		-			F 0000	
1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 Houston, TX 77019		1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 Houston, TX 77019			 	1851 48 511 48 517 41614 4 161	500090 	
Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	02132006	Chg-P	CR2E034 (11/0	·
City & State		City & State			4. FEI Number 62-1264		├	Applied For Not Applicable
Zip	Country	Zip	Country				□ \$8.75 / Fee Requ	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and A	Address of New Ro	egistered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105 TALLAHASSEE, FL 32301								
			City		·		FL Zip C	ode
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution.								
10.	OFFICERS AND I		11.	1	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTO	
THILE	PD PEICHERT THOMAS M	☐ Delete	TITLE NAME				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS	REICHERT, THOMAS M 1929 ALLEN PKWY		STREET ADDRESS					
CITY - ST - ZIP	HOUSTON, TX 77019		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	V ALLEN, JOSEPH 1929 ALLEN PKWY HOUSTON, TX 77019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, JUDITH M 1929 ALLEN PARKWAY HOUSTON, TX 77019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e
NAME STREET ADDRESS STREET ADDRESS	T LORING, HARRIS E III 1929 ALLEN PKWY, 9TH FLOOR HOUSTON, TX 77016	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 PARKWA4 77019	<u>K</u> ⊈LChang	e
ITLE JAME STREET ADDRESS CITY-ST-ZIP	D ISAAC, KATHLEEN 1929 ALLEN PKWY HOUSTON, TX 77019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🔲 Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE:

7/3- 522-5/4/ Daytime Phone #