


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 012 ***150.00

DOCUMENT # P92000002737	
1. Entity Name SOUTHEAST SECURITY OF VOLUSIA, INC.	

Principal Place of Business 209 DOWNING ST NEW SMYRNA BEACH, FL 32168	Mailing Address 209 DOWNING ST NEW SMYRNA BEACH, FL 32168
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44045089



2. Principal Place of Business 7 Fairgreen Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1485 Suite, Apt. #, etc.
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04292004 Chg-P CR2E034 (10/03)

City & State New Smyrna Beach, FL	City & State New Smyrna Beach, FL	4. FEI Number 59-3147643	Applied For Not Applicable
Zip 321686112	Country USA	Zip 321701485	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KENNOVIN, COLIN 2560 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168	

7. Name and Address of New Registered Agent	
Name Colin M. Kennovin	
Street Address (P.O. Box Number is Not Acceptable) 7 Fairgreen Ave	
City New Smyrna Beach, FL	Zip Code 32168

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: <i>Colin M. Kennovin</i>	DATE: 4/24/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KENNOVIN, COLIN 2560 TURNBULL BAY RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV INGLES, THOMAS 124 AQUA CT NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BRISSON, DENIS 1700 S RIVERSIDE DR LAKE GENEVA, FL 32160 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P, VP, T, S Colin M. Kennovin 7 Fairgreen Ave New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.	
SIGNATURE: <i>Colin M. Kennovin</i>	DATE: 4/24/04