2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000058705

1. Entity Name
FLYING A SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
12605 SW 114TH AVE. MIAMI, FL 33176	12605 SW 114TH AVE. MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

02212007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0439707	Not Applicable

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

6. Name and Address of Current Registered Agent

ALDERMAN, WOODMAN M
12605 SW 114TH AVE.
MIAMI, FL 33176

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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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000644650 03/02/07-80052-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALDERMAN, WOODMAN M
STREET ADDRESS	12605 SW 114TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DV
NAME	ALDERMAN, PATRICIA L
STREET ADDRESS	12605 SW 114TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   02-21-07   233-9304
Date   Daytime Phone #

305