## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUA	IL R	EPORT (AR	<u>}</u>		. Л	an 23 3	2006	00.80	$\Delta M$
DOCUMENT # P95000019386 1. Entity Name						Jan 23, 2006 08:00 AM Secretary of State				
CRIME D	OG SECURITY, INC.	į	-	J.						
Principal Plac	e at Business	Mailing Address	ailing Address							
2607 S. WOODLAND BLV. SUITE 281 DELAND FL 32724			2607 S. WOODLAND BLV. SUITE 281 DELAND FL 32724							
2. Principal Place of Business			3. Mailing Address			} }}!	STIBERT STR. SMITHS MISSI MAISI I	18111 <b>22</b> 111 <b>22101</b> 4401	8 (E)88 (I)81 (E98 6)	KEEL II 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.			19	MOORE	CR2E03	4 (10/05)	2.5
City & State			Cny & State			4. FEI Numb	59-33086	10	⊱ <del>←</del> :	plied For Applicable
Zip	Country	i	Zip	Country		5. Certificate	of Status Dosire	- X	\$8.75 Add Fee Require	litional <b>d</b>
	5. Name and Address of	of Current I	Registered Agent	Vame	7. Name and	d Address of Nev	v Registered	Agent	· =====	
PATTERSON, MATTHEW D 305 MERCERS FERNERY RD DELAND FL 32720					Street Address (P.O. Box Number is Not Acceptable)				-	
		i		-	City			F	Zip Cod	<b>e</b>
	e named entity submits this st trons of registered agent.	atement for	the purpose of changing its	registered o	office or register	red agent, or bo	oth, in the State of	Florida. Fam	familiar with,	and accept
SIGNATURE	Signature, typed in pointed name of re-	gistered agent a	and title if eppl cubic (NOTE	E Registered Ag	ent signeture required	(when roinstiting)		DATE		
After	ILE NOWIII FEE IS \$19 May 1, 2006 Fee Will Be k Payable to Florida Depa	\$550.00	Siale				9. Election Car Trust Fund (	npaign Finan Contribution.		00 May Be ed to Fees
10.	OFFIC	ERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO C	OFFICERS AN	D DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, MATTHEW 305 MERCERS FERNERY DELAND FL 32720		□ Delete -	TITLE NAME STREET A CITY-ST-	,				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dalete	TITLE NAME STREET AT CITY-ST-					☐ Charige	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delele	JULE NAME STRLE) AG CHY-ST-	DDHESS		0000 01/30/	0003966 06-8001	□ Change 16 3-016 15	□ Addition 58.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Oelete	IITLE NAME STREET AS CITY-ST-	DORESS				☐ Change	☐ Addition
DILE NAME STREET ADDRESS CITY-ST-ZIP		;	□ Defete	rile Name Street al City-St-	1				Change	☐ Addidor
TITLE NAME STREET ADDRESS CITY-ST-TIP			☐ Delete	TITLE NAME STREET AL CITY+ST+	i				Change	☐ Additlor

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 altachment with an address, with all other like empowered.

\*\*Address\*\*

\*\*Addre

1/20/06 407-947-8953

**FILED**