

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90091 047 \*\*\*150.00

<b>DOCUMENT # P95000048875</b> 1. Entity Name <b>FORCE SECURITY SYSTEMS, INC.</b>			
Principal Place of Business <b>2006 LINSEY ST.</b> <b>TAMPA, FL 33605 US</b>		Mailing Address <b>2006 LINSEY ST.</b> <b>TAMPA, FL 33605 US</b>	
2. Principal Place of Business <b>220 E. MADISON ST</b> Suite, Apt. #, etc. <b>SUITE 720</b> City & State <b>TAMPA, FL</b>		3. Mailing Address <b>220 E. MADISON ST</b> Suite, Apt. #, etc. <b>SUITE 720</b> City & State <b>TAMPA, FL</b>	
Zip <b>33602</b> Country <b>USA</b>		Zip <b>33602</b> Country <b>USA</b>	
4. FEI Number <b>59-3336813</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VELASCO, ROBERT</b> <b>2006 LINSEY ST.</b> <b>TAMPA, FL 33605</b>		7. Name and Address of New Registered Agent Name <b>VELASCO ROBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 E. MADISON ST SUITE 720</b> City <b>TAMPA</b> FL Zip Code <b>33602</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>5/4/2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VELASCO, ROBERT</b> <b>2006 LINSEY STREET</b> <b>TAMPA, FL 33605</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>220 E MADISON ST #720</b> <b>TAMPA FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>5/4/05</b> Daytime Phone #: <b>813-247-1107</b>	

**50049804**



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