2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURÉ:

Feb 04, 2004 8:00 am Secretary of State **DOCUMENT # P97000005636** 1. Entity Name 02-04-2004 90061 004 ***150.00 SECURITY OPTIONS, INC. Mailing Address Principal Place of Business 1599 SW 30TH AVENUE 1599 SW 30TH AVENUE 34003337 SUITE 4 BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0727778 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Daniel Dowden DOWDEN, DANIEL Street Address (P.O. Box Number is Not Acceptable) 12908 MEADOWBEND DRIVE WELLINGTON FL 33414 1599 SW 30th Avenue Suite 4 City Boynton Beach 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TILE ☐ Delete TITLE PD NAME DOWDEN, DANIEL Daniel Dowden 12908 MEADOWBEND DRIVE STREET ADDRESS STREET ADDRESS 1599 SW 30th Ave. Suite 4 WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP Boynton Beach, FL ☐ Change VD ☐ Delete TITLE ☐ Addition GAST, TIFFANY L NAME 1599 SW 30TH AVENUE, SUITE 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME: -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED