

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90468 025 ***150.00

DOCUMENT # P97000082456					
1. Entity Name HOMELAND SECURITY CAMERA II, INC.					
Principal Place of Business 6073 NORTHWEST 167TH ST., C-5 MIAMI, FL 33015			Mailing Address 6073 NORTHWEST 167TH ST., C-5 MIAMI, FL 33015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0784713	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD, STE. 300 WESTON, FL 33326			Name: <u>ADDRESS CHANGE ONLY</u> Street Address (P.O. Box Number is Not Acceptable): <u>2500 WESTON ROAD</u> <u>SUITE 404</u> City: <u>WESTON</u> <u>FL</u> Zip Code: <u>33331</u>		
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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MOSS, SYLVIA M		TITLE P, D	NAME 	
STREET ADDRESS 2700 SUNSET DR SUNSET ISLAND #2	CITY-ST-ZIP MIAMI BEACH, FL 33140		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ST	NAME MOSS, MICHAEL E		TITLE ST, D	NAME 	
STREET ADDRESS 2700 SUNSET DR SUNSET ISLAND #2	CITY-ST-ZIP MIAMI BEACH, FL 33140		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE V	NAME WAYNE, BRIAN D		TITLE 	NAME 	
STREET ADDRESS 8101 SW 62 CT	CITY-ST-ZIP MIAMI, FL 33143		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <u>Sylvia M. Moss</u> SYLVIA M. MOSS, PRESIDENT			Date: <u>27 2006</u> Daytime Phone #: <u>305-698-9191</u>		