2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008491

Entity Name: INNOVATIVE SECURITY SOLUTIONS, INC.

FILED Jan 26, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
3600 INVESTMENT LANE, #103 WEST PALM BEACH, FL 33404					
Current Mailing Address:			New Mailing Address:		
3600 INVESTMENT LANE, #103 WEST PALM BEACH, FL 33404					
FEI Number: 59-3504483 FEI Number App		FEI Number Applied For () FEI	l Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET					
	SEE, FL 3230	1 US			
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().				Date	
OFFICERS AND DIRECTORS:				IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	P ()[FAIRBANKS, JAN	Delete MES	Title: Name:	P (X) Change () Addition FAIRBANKS, JAMES	
Address:	3600 INVESTME	NT LANE, #103	Address:	3600 INVESTMENT LANE, #103	
City-St-Zip:	WEST PALM BE	ACH, FL 33404	City-St-Zip:	WEST PALM BEACH, FL 33404 US	
Title: Name:	CD ()[BREWER, FRAN	Delete Ki	Title: Name:	D (X) Change () Addition BREWER, FRANK J	
Address:	2450 BLVD OF T	HE GENERALS	Address:	2450 BLVD OF THE GENERALS	
City-St-Zip:	NORRISTOWN, PA 19403		City-St-Zip:	NORRISTOWN, PA 19403 US	
Title:	. ,	Delete	Title:	ST (X) Change () Addition	
Name: Address:	PICHOLA, JOHN 2450 BLVD OF T		Name: Address:	PICHOLA, JOHN M 2450 BLVD OF THE GENERALS	
City-St-Zip:	NORRISTOWN, I		City-St-Zip:	NORRISTOWN, PA 19403 US	
Title:	D ()[Delete	Title:	AT (X) Change () Addition	
Name: Address:	FRIEDRICHSEN,		Name: Address:	COOKE, DOUG 1140 BAY ST., SUITE 4000	
City-St-Zip:	1140 BAY ST. STE. 4000 TORONTO, CANADA, M5S 2B4		City-St-Zip:	TORONTO, ON M552B4 CA	
Title:	AT (X) I	Delete	Title:	() Change () Addition	
Name:	COOKE, DOUG		Name:	, , , , , , , , , , , , , , , , , , , ,	
Address: City-St-Zip:	1140 BAY ST., S ONTARIO, TORC	UITE 4000 NTO, CA M552B4	Address: City-St-Zip:		
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PICHOLA ST 01/26/2007