2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087679

FILED Mar 26, 2004 Secretary of State

Entity Name: SECURITY OPERATIONS & SOLUTIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3815 NORTH US HWY 1 SUITE 67 COCOA, FL 32926 **New Mailing Address: Current Mailing Address:** 3815 NORTH US HWY 1 SUITE 67 COCOA, FL 32926 FEI Number: 59-3539409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHARFENBERG, WILLIAM E SCHARFENBERG, WILLIAM E 3815 NORTH US HWY 1, SUITE 67 3815 NORTH US HWY 1, SUITE 67 ROCKLEDGE, FL 32955 COCOA, FL 32926 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: 03/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SCHARFENBERG, WILLIAM E Name: Name: 944 PELICAN LANE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: Title: () Change () Addition () Delete Name: REMENTER, CALVIN J Name: 4635 CARYSBROOK CT Address: Address: COCOA, FL 32927 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: CALVIN J REMENTER 03/26/2004 Τ