2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000087679

1. Entity Name
SECURITY OPERATIONS & SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3815 NORTH US HWY 1	3815 NORTH US HWY 1
SUITE 67	SUITE 67
COCOA, FL 32926	COCOA, FL 32926

DO NOT WRITE IN THIS SPACE

03242008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3539409	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARFENBERG, WILLIAM E
3815 NORTH US HWY 1, SUITE 67
COCOA, FL 32926

DO NOT WRITE
IN THIS SPACE

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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U080000869875
04/09/08-80067-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHARFENBERG, WILLIAM E
STREET ADDRESS	944 PELICAN LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	T
NAME	REMENTER, CALVIN J
STREET ADDRESS	4635 CARYSBROOK CT
CITY-ST-ZIP	COCOA, FL 32927

IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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: Calvin J. Rementer   7/24/08   (321) 636-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #