## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P98000101684** FILED NATIONWIDE ELECTRIC & SECURITY SYSTEMS, INC. 06 MAY 10 PM 1: 37 Principal Place of Business Mailing Address SECRETARY OF STATE 7435 NORTH WEST 57TH STREET 7435 NORTH WEST 57TH STREET TALLAHASSEE, FLORIDA TAMARAC, FL 33319 TAMARAC, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0885361 Not Applicable Zip 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 Nama PITTER, CARL S Street Address (P.O. Box Number is Not Acceptable) 7435 NORTH WEST 57TH STREET TAMARAC, FL 33319 City Zip Code 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, based or printed name of registered event and title if applicable (NOTE: Registered Agent signature required when reinstating) ,000075379700 \$5.00 May 80 0000 755 75 700 Added to Feet / 26/06--01052--002 \*\*300.00 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTO TITLE ☐ Delete TITLE **VPST** ☐ Change Addition CODNER, KEBLE R NAME MASSE DIANNE S. CODNER STREET ADDRESS 7435 NW 57TH ST STREET ADDRESS 7435 NW 57th ST TAMARAC, FL 33319 CITY-ST-ZIP TAMARAC, FL 33319 CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition CODNER, KEBLE R NAME NAME STREET ADDRESS 7435 NW 57TH ST STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33319 CITY-ST-ZIP VPAT Delete Change ☐ Addition TITLE COOPER, OSWALD NAME NAME STREET ADDRESS 7435 NW 57TH ST STREET ADDRESS CITY-ST-7IP TAMARAC, FL 33319 CITY-ST-7IP ☐ Delete ☐ Addition IIILE TITLE ☐ Channe 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 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 prints like empowered. 4/06/06 SIGNATURE: \_ TED NAME OF BIGNING OFFICER OR DIRECTOR Daytime Phone #