


2007 FOR PROFIT CORPORATION ANNUAL REPORT

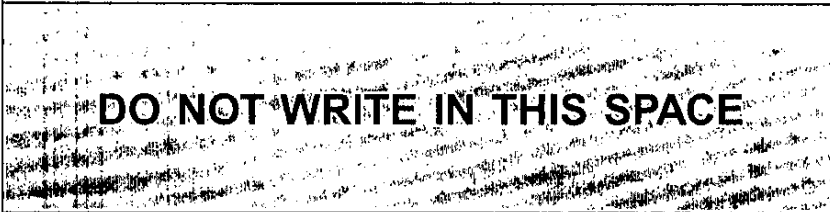
FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000015905
 1. Entity Name
 SECURITY INNOVATORS INC.



Principal Place of Business
 13189 NW 11 PLACE
 SUNRISE, FL 33323

Mailing Address
 13189 NW 11 PLACE
 SUNRISE, FL 33323



01192007 No Chg-P CR2E034 (11/05)

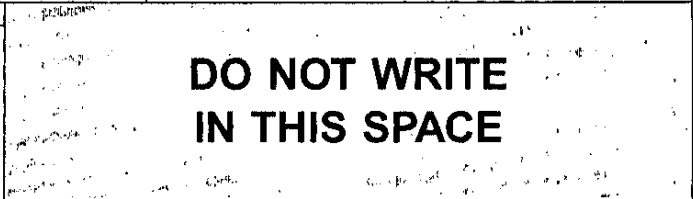
4. FEI Number
 65-1036635

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, PAUL R
 13189 NW 11 PLACE
 SUNRISE, FL 33323



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

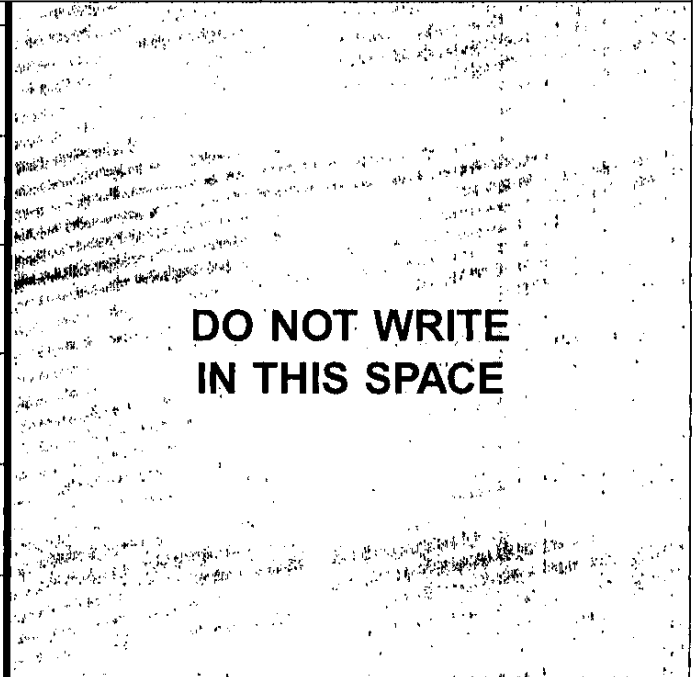
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000598294
 01/24/07-80070-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, PAUL R
STREET ADDRESS	13189 NW 11 PLACE
CITY-ST-ZIP	SUNRISE, FL 33323
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: Paul R Thomas Date: 01-19-07 Daytime Phone #: 305 801 6818