2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State **DOCUMENT # P99000025913** 05-02-2007 90082 024 ***150.00 BOYLE CUSTOM SECURITY SYSTEMS, INC. Principal Place of Business Mailing Address 40100233 3475 1ST RD. 3475 1ST RD. VERO BEACH, FL 32968 VERO BEACH, FL 32968 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03262007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3564565 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOYLE, STEVEN Street Address (P.O. Box Number is Not Acceptable) 3475 1ST RD. VERO BEACH, FL 32968 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PΠ ☐ Delete TITLE Change ☐ Addition BOYLE, STEVEN NAME NAME STREET ADDRESS 3475 1ST RD. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHAPIRO, KRISTINA W NAME 1500 LOBDELL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BATON ROUGE, LA 70806 CITY-ST-ZIP SD TITLE ☐ Delete Change ☐ Addition BOYLE, TERESA L NAME NAME BOYLE, TERESA STREET ADDRESS STREET ADDRESS 3475 1ST RD VERO BEACH, FL 32968 CITY-ST-ZIP CITY-ST-ZIP TITE ☐ Delete TITLE ☐ Change ☐ Addition BOYLE, AUSTIN NAME NAME 3475 1ST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: Jeresa Boyle