


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90125 021 ***150.00

DOCUMENT # <u>P99000029884</u>	
1. Entity Name A Security Consultant of Naples Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Naples	3. Mailing Address 2649 Lakeview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Naples FL	City & State Naples, FL	4. FEI Number 59-3577647	Applied For <input type="checkbox"/> Not Applicable
Zip 34112	Country Collier	Zip 34112	Country Collier
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Spiegel & Utrera, P.A.		
	Street Address (P.O. Box Number's Not Acceptable)		
	1840 Coral Way, 4th Floor		
	City	FL	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 <u><i>Kyle Jameson</i></u>	DATE <u>1/22/07</u>
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when re-instating)</small>	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kyle Jameson 2649 Lakeview Drive Naples, FL. 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea Linda Jameson 2649 Lakeview Dr. Naples, FL. 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with another like empowered.	
SIGNATURE: <u><i>Kyle Jameson</i></u>	DATE <u>1/22/07</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034B (12/02)