## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000078761

FILED Jan 27, 2009 Secretary of State

Entity Name: LIBERTY LOCKSMITHS AND SECURITY PRODUCTS, INC.

**New Principal Place of Business: Current Principal Place of Business:** 1015 SUNSHINE LANE SUITE 103-C ALTAMONTE SPRINGS, FL 32714 US **Current Mailing Address: New Mailing Address:** PO BOX 607580 ORLANDO, FL 32860 FEI Number: 59-3602453 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOWAL, ROBERT T 70 WEST 1ST STREET APOPKA, FL 32703 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition KOWAL, ROBERT THOMAS KOWAL, ROBERT THOMAS Name: Name: 325 BLACKTAIL COURT 70 WEST 1ST STREET Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 ( ) Delete Title: Title: () Change () Addition Name: KOWAL, GREGORY ALAN Name: 1019 BEATRICE AVE. Address: Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. KOWAL DIR 01/27/2009