2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P99000106084 1. Entity Name SECURITY CONSULTING, INC. Principal Place of Business Mailing Address C/O KENT SECURITY SERVICES, INC. C/O KENT SECURITY SERVICES, INC. 14600 BISCAYNE BLVD. 14600 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33181 NORTH MIAMI BEACH, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. CR2E034 (11/05) 01052006 Chg-P 4. FEI Number Applied For City & State City & State Not Applicable 65-0969438 Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERNS, DAVID R ESQ Street Address (P.O. Box Number is Not Acceptable) 17101 NE 19TH AVE., #205 NORTH MIAMI BEACH, FL 33162 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) U00000488227 Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 04/14/06-80026-007 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete MILE Addition TITLE ☐ Channe MAME ALEXANDER, SHOLOMI NAME 14600 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS City-ST-ZP MIAMI, FL 33181 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change Addition Addition ALEXANDER, ONLY NAME NAME STREET ADDRESS 14600 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP VPT ☐ Addition TITLE Delete me ☐ Chance NAME NEUMAN, GIL NAME STREET ADDRESS 14600 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TISLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP Delete TITLE TYPLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-77P 12. I hereby certify that the information specified with his 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 it made under cath; that I am an officer or director of the corporation or the receiver or frustee emplowered to execute this pipel as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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