

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106084

FILED
Apr 08, 2008
Secretary of State

Entity Name: SECURITY CONSULTING, INC.

Current Principal Place of Business:

C/O KENT SECURITY SERVICES, INC.
14600 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

Current Mailing Address:

C/O KENT SECURITY SERVICES, INC.
14600 BISCAYNE BLVD.
NORTH MIAMI BEACH, FL 33181

New Mailing Address:

FEI Number: 65-0969438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, SHLOMY
14600 BISCAYNE BLVD
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ALEXANDER, SHOLOMI
Address: 14600 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33181

Title: VP () Delete
Name: ALEXANDER, ONLY
Address: 14600 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33181

Title: VPT () Delete
Name: NEUMAN, GIL
Address: 14600 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALEXANDER, SHLOMI
Address: 14600 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33181

Title: VP (X) Change () Addition
Name: ALEXANDER, ORLY
Address: 14600 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
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: GIL NEUMAN

VPT

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date