

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000111030

1. Entity Name
LAMB'S SECURITY SOLUTIONS, INC.



Principal Place of Business
**KM 16 CARRETERA
EL SALVADOR
GUATEMALA, GUATAMALA, XX**

Mailing Address
**305 MYRTLEWOOD
MELBOURNE, FL 32955**



02082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3615598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMB, KEITH A
305 MYRTLEWOOD
MELBOURNE, FL 32955**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMB, KEITH A
STREET ADDRESS	305 MYRTLEWOOD
CITY-ST-ZIP	MELBOURNE, FL 32955
TITLE	VP
NAME	LAMB, GISELLE L
STREET ADDRESS	305 MYRTLEWOOD
CITY-ST-ZIP	MELBOURNE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000638304
02/27/07-80024-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 8, 2007

Date Daytime Phone #

321 821 2272