2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# V30024

Entity Name: AMERICAN KNIGHTS SECURITY, INC.

Current Principal Place of Business:

16201 SW 95 AVE
103
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 571062
MIAMI, FL 332571062 US

New Mailing Address:

FEI Number: 65-0324371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, ABE
27820 SW 174 AVE
HOMESTEAD, FL 33031 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: DP ( ) Delete
Name: BAKER, ABE
Address: 27820 SW 174TH AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: DVP ( ) Delete
Name: MARTINEZ, ISABEL
Address: 19755 SW 304 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: DT ( ) Delete
Name: STAATS, MICHAEL C.
Address: 20958 NORTH 55TH AVE
City-St-Zip: GLENDALE, AZ 85308

Title: SD ( ) Delete
Name: MARTINEZ, ELENA G
Address: 27820 SW 174TH AVE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ABE BAKER DP 01/14/2009

Electronic Signature of Signing Officer or Director — Date