


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000087679**  
1. Entity Name  
SECURITY OPERATIONS & SOLUTIONS, INC.



Principal Place of Business      Mailing Address  
3815 NORTH US HWY 1      3815 NORTH US HWY 1  
SUITE 67      SUITE 67  
COCOA, FL 32926      COCOA, FL 32926

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
59-3539409      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
SCHARFENBERG, WILLIAM E  
3815 NORTH US HWY 1, SUITE 67  
COCOA, FL 32926

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

DATE  
02/01/07-80025-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHARFENBERG, WILLIAM E
STREET ADDRESS	944 PELICAN LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	T
NAME	REMENTER, CALVIN J
STREET ADDRESS	4635 CARYSBROOK CT
CITY-ST-ZIP	COCOA, FL 32927
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Calvin Rementer      Date: 1/26/07      Daytime Phone #: (321) 636-8011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR