

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004617

Entity Name: SECURITY SYSTEMS INC.

FILED  
Jul 08, 2008  
Secretary of State

**Current Principal Place of Business:**

1090 ELM ST. SUITE 201  
ROCKY HILL, CT 060671849

**New Principal Place of Business:**

55 SEBETHE DRIVE  
CROMWELL, CT 06416

**Current Mailing Address:**

1090 ELM ST. SUITE 201  
ROCKY HILL, CT 060671849

**New Mailing Address:**

55 SEBETHE DRIVE  
CROMWELL, CT 06416

FEI Number: 06-1339871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROMAN, DAVID G  
7011 GRAND NATIONAL DR.  
SUITE 100  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

ROMAN, DAVID G  
6220 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 170  
ORLANDO, FL 32809 US

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

07/08/2008

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: ROMAN, DAVID G  
Address: 39 HARVEST WOODS LANE  
City-St-Zip: HIGGANUM, CT 06441

Title: S ( ) Delete  
Name: ROMAN, LAURA  
Address: 39 HARVEST WOODS LANE  
City-St-Zip: HIGGANUM, CT 06441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAVID ROMAN

Electronic Signature of Signing Officer or Director

PT

07/08/2008

Date