



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 57641		2. Name of Corporation SECURITY CONCEPTS, INC.			
3. Street Address Principal Business Office 96 JEFFERSON BLVD.			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-739-3844		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES AND INSTALLATION OF SECURITY SYSTEMS AND DEVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CLINTON H. WYNNE, JR., CPP			Vice President Name CLINTON H. WYNNE, JR., CPP		
Street Address 96 JEFFERSON BLVD.			Street Address 96 JEFFERSON BLVD.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name JANET WYNNE			Treasurer Name CLINTON H. WYNNE, JR., CPP		
Street Address 96 JEFFERSON BLVD.			Street Address 96 JEFFERSON BLVD.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CLINTON H. WYNNE, JR., CPP			Director Name		
Street Address 96 JEFFERSON BLVD.			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	SEP 12 2007
By:	By 10322
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Date: 9-8-07
CLINTON H. WYNNE, JR., CPP
Print or Type Name
PRESIDENT
Title