

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 2008

401.222.

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(c), 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)) is subject to a benefity fee of \$25.00

utu (R.I.G.L. /-1.2-1301(CG					•	
1. Corporate ID No.	2. Name of Corp.	oration				
33256	T	ntersecur	ities . Inc			
3. Street Address Principal Busi	iness Office	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
570 Cavill	lon PKW	Y	ities , Inc St. Petersi	buca FL	33716	
4. Business Phone No.		5. State of Incorporat	ion	<del></del>	12211/2	
727-299- 6. Brief Description of the Chan	- 1800	Delo	ware			
6. Brief Description of the Char	acter of Business Conduc	ted in Rhode Island				
13rcker	Dealer	-				
7. NAMES AND ADDRES	SSES OF THE OFFI	CERS: ("X" BOX FOR A	<i>TTACHMENT)</i> 🔲 FILL IN	SPACES BEFORE USING	ATTACHMENTS	
i resident ivame	/* ~~~		Vice President Name			
William	Pieni	as	William	William & Cummings		
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570 Cavil	ION PRU	<u> </u>	570 Ca	STC Carillon PICLOY		
St Petersbur	c State	フフロイ	City D. L. I.	State	Zip Zip	
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Tark in la 1	T 7.30	11 mint	Treasurer Name	Treasurer Name		
Franklyn	J. LOG	11.E 1 4		William G Cummings		
C. C. C. C. C.			Street Address	Street Address		
Sam				S G VY E		
City	State	Zip	City	State	Ζіф	
8 NAMES AND ADDRES	EEC OF THE DIRE	TORG CEVE BOX NO.		. 40		
Director Name	SES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) 🗌 FILL IN	V SPACES BEFORE USIN	IG ATTACHMENTS	
	11 Como	سيد يد يد	Director Name	1.1.6		
Street Address	H = U	1400	<u>Edith</u>	W. Craia	<u> </u>	
Sum	r É	•	Street Address	~		
City	State			S G VI E		
City	state	Zip	City	State	Ζip	
Director Name	J		•			
Director Name			Director Name		•	
Street Address					<u>.</u>	
Street Address			Street Address			
City	State	Zip	•			
,	1.76	<i>x.</i> p	City	State	Zip	
9. SHARES AUTHORIZEI	 	TT 4CINETAIRS		The state of the s		
AUTHORIZED SHARES	, ta box for a			("X" BOX FOR ATTAC		
Number of Shares	67/C	0.1/1		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 com	m \$10	O PAR VALUE	1,000	Comm	\$ 10,00	
			THE SEC	ICH BUS CLE		
True :				<u></u>		
This report must be execu	ted on behalf of the	corporation by an autho	rized representative. If the co	orporation is in the hand	s of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

	Under penalty of perjury, I declare and affirm the including any accompanying schedules and state
FILED	contained herein are true and correct.
0.2000	Signature Signature
Check No. FEB 19 7008	Franklin J. Wollet
By By	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title