2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000784

Entity Name: ALARMWATCH, INC.

FILED Jul 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

235 SCHILLING CIRCLE 235 SCHILLING CIRCLE SUITE 108 SUITE 108

HUNT VALLEY, MD 21030 HUNT VALLEY, MD 21031

Current Mailing Address: New Mailing Address:

PO BOX 81 PO BOX 81

HUNT VALLEY, MD 21030 COCKEYSVILLE, MD 21030

FEI Number: 56-1682378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WRIGHT, CHRISTOPHER T 340 SHORE DR. E. OLDSMAR, FL 346773916 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 Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 LEPECZYK, W. ROBERT
 Name:
 LEPECZYK, WARREN R PRESIDE

 Address:
 15625 CHILCOAT LANE
 Address:
 15625 CHILCOAT LANE

Address: 15625 CHILCOAT LANE Address: 15625 CHILCOAT LAN City-St-Zip: SPARKS, MD 21152 City-St-Zip: SPARKS, MD 21152

Title: V () Delete Title: V.P (X) Change () Addition

Name:SCHREINER, GAIL LName:SCHREINER, GAIL L VPAddress:1724 PEPPERMINT LANEAddress:1724 PEPPERMINT LANECity-St-Zip:WESTMINSTER, MD 21157City-St-Zip:WESTMINSTER, MD 21157

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: WARREN R. LEPECZYK PRES 07/30/2009