2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000242

Entity Name: ALCOHOL MONITORING SYSTEMS, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
SUITE 200	NERAL AVE N, CO 80120							
Current M	Nev	New Mailing Address:						
SUITE 200	NERAL AVE N, CO 80120							
FEI Number:	30-0137963	FEI Number Applied For ()	FEI Number N	lot Appli	icable ()	Certificat	e of Status De	sired()
Name and	Address of (Current Registered Agent:	Nan	Name and Address of New Registered Agent:				
1200 SOU ⁻	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD						
The above in the State		submits this statement for the pu	ırpose of cha	nging it	ts registered	office or re	egistered age	nt, or both,
SIGNATUR	RE:							
	Electro	nic Signature of Registered Ager	nt				Date	
Election Can	npaign Financin	g Trust Fund Contribution ().						
OFFICERS	AND DIREC	TORS:	ADI	DITION	S/CHANGES	s to offi	CERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	CEO (IIAMS, MICHAE 6990 S. POLO LITTLETON, C	RIDGE DR.	Title: Name Addre City-	e:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP (WHITE, DONA 4324 W. ABER LITTLETON, C	RDEEN AVE.	Title: Name Addre City-	e:	SECT (X JEFFREY HEI 1625 BROAD DENVER, CO	WAY, STE. 7		
Title: Name: Address: City-St-Zip:	VP (WOJCIK, MAR 7642 S.DAVIE LITTLETON, C	PEAK	Title: Name Addre City-	∋:	DIR (X PACKER, DAV 5340 PRESER GREENWOOL	RVE PARKW	ΆΥ	
Title: Name: Address: City-St-Zip:	VP (STOLL, RICHA 7455 RIDGE C MORRISON, C	REST LANE	Title: Name Addre City-	€:	VP (X WHITE, DONA 4324 W ABER LITTLETON, C	RDEEN AVE) Addition	
Title: Name: Address: City-St-Zip:	BEARMAN, RO	RNIA ST, SUITE 4900	Title: Name Addre City-	≘:	() Change() Addition	
Title: Name: Address: City-St-Zip:	CONT (PETRELLI, LY 695 HAMPSTE CASTLE ROCK	AD AVE	Title: Name Addre City-	∋ :	() Change() Addition	

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: LYNDA L. PETRELLI CONT 04/27/2009