


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000006698</b> 1. Entity Name PRO TECH MONITORING, INC.	
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Principal Place of Business 2549 SUCCESS DR ODESSA, FL 33556	Mailing Address 2549 SUCCESS DR ODESSA, FL 33556
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03242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3478800	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  POSAVEC, ROBERT P 2549 SUCCESS DR ODESSA, FL 33556
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE 000000483439  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

04/11/06--80121-023 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCO POSAVEC, ROBERT P 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, PATRICK J 2549 SUCCESS DRIVE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTE, AMI 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULLARD, FRED SR 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHAPIN, STEVEN D 2549 SUCCESS DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

Daytime Phone #