


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J42712
 1. Entity Name
 SENTRY ALARM SYSTEMS OF AMERICA, INC.



Principal Place of Business 8 THOMAS OWENS WAY MONTEREY, CA 93940 US	Mailing Address 8 THOMAS OWENS WAY MONTEREY, CA 93940 US
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01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2746352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGWIN, SANDRA
 109 RED CEDAR
 LONGWOOD, FL 32779

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, WILLIAM J 25491 JOHN STEINBECK TRAIL SALINAS, CA 93908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, KARIN 8 THOMAS OWENS WAY MONTEREY, CA 93940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELISLE, PAUL 8 THOMAS OWENS WAY MONTEREY, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, W. CHRISTIAN 8 THOMAS OWENS WAY MONTEREY, CA 93940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/06/06-80012-001 150.00

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: Karin Hill Karin L Hill, CFO 1/31/06 831-658-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #