


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2746352

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGWIN, SANDRA
109 RED CEDAR
LONGWOOD, FL 32779

**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 _____
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

U00000587906
01/17/07-80051-016 150.00

**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: *Karin Hill* Karin L. Hill, sec/treas 1/4/07 831 658-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #