


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90018 001 \*\*\*150.00

**DOCUMENT # J74557**

1. Entity Name  
**QUALIFIED ALARMS, INC.**



Principal Place of Business  
**12302 SW 132 CT**  
**MIAMI, FL 33157 US**

Mailing Address  
**P.O. BOX 145367**  
**CORAL GABLES, FL 33114-5367 US**

2. Principal Place of Business  
**16501 SW 91 AVE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**33157** Country  
**USA**



02062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2805870**

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

6. Name and Address of Current Registered Agent  
**OESTERLE, MIKE**  
**5965 SW 8 ST**  
**MIAMI, FL 33144**

7. Name and Address of New Registered Agent  
 Name **MIKE OESTERLE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5131 N. Andri DR.**  
 City **Crystal River FL** Zip Code **34428**

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 *Michael E. Oesterle* **Michael E. Oesterle** **2/6/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>DAVIS, CHARLES E</b> <b>21495 SW 183 AVE</b> <b>MIAMI, FL 33187</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>GOSSETT, JAMES A</b> <b>16501 SW 91 AVE</b> <b>MIAMI, FL 33157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James A Gossett* **James A Gossett** **President** **2-17-04** **305-262-2193**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #