

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74557

FILED
Jan 25, 2006
Secretary of State

Entity Name: QUALIFIED ALARMS, INC.

Current Principal Place of Business:

16501 S.W. 91 AVE
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 145367
CORAL GABLES, FL 331145367 US

New Mailing Address:

7110 S.W. 17 TERR
MIAMI, FL 33155 US

FEI Number: 59-2805870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OESTERLE, MIKE
5131 N. ANDRI DR.
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DAVIS, CHARLES E
Address: 21495 SW 183 AVE
City-St-Zip: MIAMI, FL 33187

Title: P () Delete
Name: GOSSETT, JAMES A
Address: 16501 SW 91 AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A GOSSETT

P

01/25/2006

Electronic Signature of Signing Officer or Director

_____ Date