

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112778

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: FLORIDA BUDGET ALARM'S INC.

## Current Principal Place of Business:

2441 ALLAN ADALE ROAD  
MELBOURNE, FL 32935

## New Principal Place of Business:

4314 BROWNING LANE  
ROCKLEDGE, FL 32955

## Current Mailing Address:

2441 ALLAN ADALE ROAD  
MELBOURNE, FL 32935

## New Mailing Address:

4314 BROWNING LANE  
ROCKLEDGE, FL 32955

FEI Number: 52-2324333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIPOSTA, SAMUEL L  
2441 ALLAN ADALE ROAD  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

RIPOSTA, SAMUEL L  
4314 BROWNING LANE  
ROCKLEDGE, FL 32955 US

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

01/09/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PO ( ) Delete  
Name: RIPOSTA, SAMUEL L  
Address: 2441 ALLAN ADAG ROAD  
City-St-Zip: MELBOURNE, FL 32935

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change ( ) Addition  
Name: RIPOSTA, SAMUEL L  
Address: 4314 BROWNING LANE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPS ( ) Change (X) Addition  
Name: RIPOSTA, ELLEN  
Address: 4314 BROWNING LANE  
City-St-Zip: ROCKLEDGE, FL 32955

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: SAMUEL L. RIPOSTA

Electronic Signature of Signing Officer or Director

P

01/09/2006

Date