2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# P02000070017

Entity Name: AMERICAN CENTRAL ALARM SYSTEMS, INC.

Current Principal Place of Business:

615 CAPE CORAL PARKWAY
SUITE 106
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1732 S.W. 40TH TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 14-1846084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULBURT, MARIANNE
1732 S.W. 40TH TERRACE
CAPE CORAL, FL 33914 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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PELLETIER, PATRICIA B
Address: 1732 S.W. 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: HURLBERT, MARIANNE
Address: 1732 S.W. 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HURLBURT, MICHAEL W
Address: 1732 S.W. 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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 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 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: MARIANNE HURLBURT VP 07/06/2005

Electronic Signature of Signing Officer or Director — Date