

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089190

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE BREVARD ALARM CENTER, INC.

Current Principal Place of Business:

1900 S HARBOUR CITY BLVD #106
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 360517
MELBOURNE, FL 32936

New Mailing Address:

FEI Number: 22-3865841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUICKSHANK, BRYAN C
1900 S HARBOUR CITY BLVD #106
MELBOURNE, FL 32901 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: PVS () Delete
Name: CRUICKSHANK, BRYAN C
Address: 1900 S HARBOUR CITY BLVD #106
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: CRUICKSHANK, KIM M
Address: 1900 S. HARBOR CITY BLVD. #106
City-St-Zip: MELBOURNE, FL 32901

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: BRYAN C. CRUICKSHANK

PVS

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date