FILED
Apr 19, 2004 8:00 am
Secretary of State
04-05-2004 90052 001 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

1. Entity Name
COMPLETE ACCESS CONTROL OF CENTRAL FLORIDA, INC.

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State
3004 SUMMER SWAN DR
ORLANDO FL 32825

4. FE Number
54-2106354

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAURO, KAREN P
3004 SUMMER SWAN DR
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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: ____________________________

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

NOTE: Registered Agent signature required when registering

DATE

9. Election Campaign Financing
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPF</td>
<td>MAURO, KAREN P</td>
<td>3004 SUMMER SWAN DR</td>
<td>ORLANDO FL 32825</td>
</tr>
<tr>
<td>DST</td>
<td>LIEBER, JOHN H</td>
<td>9231 SE PARKWAY DR</td>
<td>HOBE SOUND FL 33455</td>
</tr>
</tbody>
</table>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<table>
<thead>
<tr>
<th>TITLE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>DPF</td>
<td>DVP, VINCENT F.</td>
<td>3004 SUMMER SWAN DR</td>
<td>ORLANDO, FL 32825</td>
</tr>
<tr>
<td>DST</td>
<td>LIEBER, MARY C.</td>
<td>9231 SE PARKWAY DR</td>
<td>HOBE SOUND, FL 33455</td>
</tr>
</tbody>
</table>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 627, 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 emancipated.

SIGNATURE: ____________________________

3-31-04 321-436-9800