2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000041989
1. Entity Name
COMPLETE ACCESS CONTROL OF CENTRAL FLORIDA, INC.

Principal Place of Business
3004 SUMMER SWAN DR
ORLANDO, FL 32825

Mailing Address
3004 SUMMER SWAN DR
ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAURO, KAREN P
3004 SUMMER SWAN DR
ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

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 ____________________________

NOTE: Registered Agent signature required when re-registering.

DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution

☐ $5.00 May Be
Added to Fees

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>DP</td>
<td>MAURO, KAREN P</td>
<td>3004 SUMMER SWAN DR</td>
<td>ORLANDO, FL 32825</td>
</tr>
<tr>
<td>DVP</td>
<td>MAURO, VINCENT F</td>
<td>3004 SUMMER SWAN DR</td>
<td>ORLANDO, FL 32825</td>
</tr>
</tbody>
</table>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________________

Karen P. Mauro