

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122529

FILED  
Mar 23, 2007  
Secretary of State

Entity Name: STATALERT, INC.

## Current Principal Place of Business:

8900 SE ROBWYN STREET  
HOBE SOUND, FL 33455

## New Principal Place of Business:

284 NE BLAIRWOOD TRACE  
JENSEN BEACH, FL 34957

## Current Mailing Address:

8900 SE ROBWYN STREET  
HOBE SOUND, FL 33455

## New Mailing Address:

PO BOX 2009  
HOBE SOUND, FL 33475

FEI Number: 37-1478311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UBER, GARY P  
7914 SE OSPREY STREET  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

JADON, RAFAT  
284 NE BLAIRWOOD TRACE  
JENSEN BEACH, FL 34957 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: RAFAT JADON

03/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JADON, RAFAT  
Address: 284 NE BLAIRWOOD TRACE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD ( ) Delete  
Name: SNYDER, KEREN  
Address: 11251 SW THUNDER ROAD  
City-St-Zip: STUART, FL 34997

Title: VD (X) Delete  
Name: UBER, GARY  
Address: 7914 SE OSPREY STREET  
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Delete  
Name: JADON, KELLY  
Address: 284 NE BLAIRWOOD TRACE  
City-St-Zip: JENSEN BEACH, FL 34957

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TSD (X) Change ( ) Addition  
Name: JADON, KELLY  
Address: 284 NE BLAIRWOOD TRACE  
City-St-Zip: JENSEN BEACH, FL 34957

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: RAFAT JADON

P

03/23/2007

Electronic Signature of Signing Officer or Director

Date