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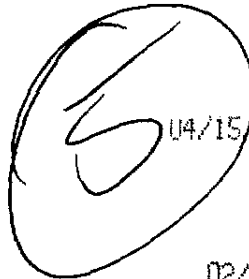
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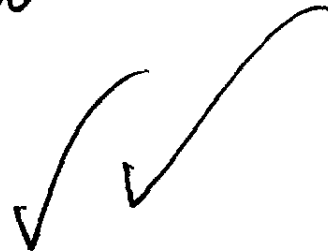
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04/15/05--01003--016 **87.50

02/09/05--01091--015 **87.50

740 Fire & Security
105-418
105-7219





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 10, 2005

ADVANCED COMPATIBLE SOLUTIONS, INC.
2728 RUNNING SPRINGS LOOP
OVIEDO, FL 32765

SUBJECT: ACS FIRE & SECURITY AND DESIGN OF INITIALS "A C S"
ENCIRCLED BY TWO THIN LINES
Ref. Number: W05000007219

We have received your document for ACS FIRE & SECURITY AND DESIGN OF INITIALS "A C S" ENCIRCLED BY TWO THIN LINES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (42 & 37) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (42 & 37).

There is a balance due of \$87.50.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "FIRE & SECURITY"

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 705A00009585

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Advanced Compatible Solutions, Inc
2728 Running Springs Loop
Oviedo, FL 32765
(407) 929-3839
Daytime Telephone number

PART I

1. (a) Applicant's name: Advanced Compatible Solutions, Inc

(b) Applicant's business address: 2728 Running Springs Loop
Oviedo, FL 32765

(c) Applicant's telephone number: (407) 929-3839 City/State/Zip

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: 801-118996 (2) Domicile State: FL

(3) Federal Employer Identification Number: 26-0016168

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Installation, servicing and monitoring of Fire and Security Systems.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
Labels, shirts, brochures, advertisements, decals etc.

(Continued)

(d) The class(es) in which goods or services fall:

Classes 9, 38, 39 - 42, 37

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 2/15/03 (b) Date first used in Florida: 2/15/03

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

It is the name ACS Fire & Security, which is expressed as a logo using three letters: A C S, encircled by two thin lines.

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM ""Fire & Security"" APART FROM THE MARK AS SHOWN.

I, Martin Rudzik, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Advanced Compatible Solutions, Inc.

Typed or printed name of applicant

M Rudzik MARTIN RUDZIK V.P.

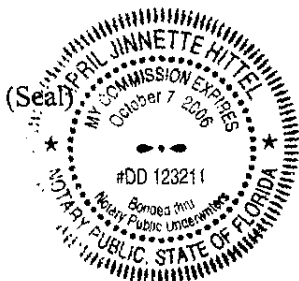
Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Orange

On this 20th day of January 2005, Martin Rudzik personally appeared before me,

who is personally known to me whose identity I proved on the basis of Valid FL DL



[Signature]
Notary Public Signature

April Jinnette Hittel
Notary's Printed Name

My Commission Expires: October 07, 2006

FEE: \$87.50 per class



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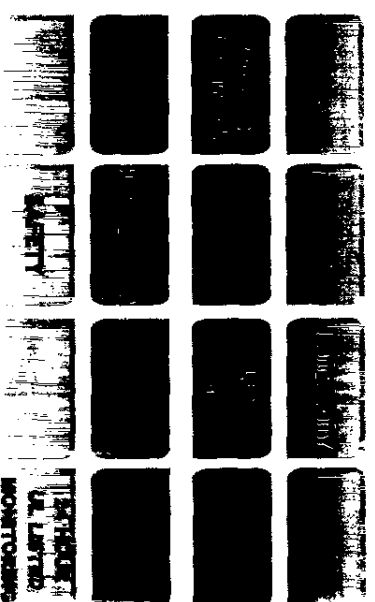
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