


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90332 032 ***150.00

DOCUMENT # J42712		
1. Entity Name SENTRY SALES & LEASING COMPANY, INC. <i>Alarm Systems of America</i>		
Principal Place of Business 8 THOMAS OWENS WAY MONTEREY CA 93940 US		Mailing Address 8 THOMAS OWENS WAY MONTEREY CA 93940 US



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2746352		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ANGWIN, SANDRA 109 RED CEDAR LONGWOOD FL 32779				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City	FL	Zip Code	

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, WILLIAM J			NAME			
STREET ADDRESS	25491 JOHN STEINBECK TRAIL			STREET ADDRESS			
CITY - ST - ZIP	SALINAS CA 93908			CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, KARIN			NAME			
STREET ADDRESS	8 THOMAS OWENS WAY			STREET ADDRESS			
CITY - ST - ZIP	MONTEREY CA 93940			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELISLE, PAUL			NAME			
STREET ADDRESS	8 THOMAS OWENSWAY			STREET ADDRESS			
CITY - ST - ZIP	MONTEREY CA			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	W. Christian Hill		
STREET ADDRESS				STREET ADDRESS	8 Thomas Owens Way		
CITY - ST - ZIP				CITY - ST - ZIP	Monterey, CA 93940		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karin L. Hill* **Karin L. Hill** *Sec/ Treas 2/18/04 831 375-2727*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #