2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 30, 2004 8:00 am Secretary of State **DOCUMENT # J55772** 08-30-2004 90001 016 ***558.75 ALARM-TRAC SECURITY SYSTEMS, INC. Principal Place of Business Mailing Address 1765 GEORGIA AVE. P.O. BOX 1258 PALM HARBOR, FL 34683 PALM HARBOR, FL 34682 2. Principal Place of Business 3. Mailing Address P.O. Box 1954 Suite, Apt. #, etc. 08282004 CR2E034 (10/03) Chg-P HALM HARBOR, FL. Applied For 4. FFI Number 59-2770171 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETTIT, NANCY L Street Address (P.O. Box Number is Not Acceptable) 1765 GEORGIA AVE PALM HARBOR, FL 34683 City 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_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** TITLE ☐ Delete TITLE Change NAME PETTITT, RICHARD L NAME 1765 GEORGIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change ☐ Addition PETTIT, MICHAEL NAME NAME STREET ADDRESS 1765 GEORGIA AVENUE STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP S TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME PETTIT, NANCY NAME 1765 GEORGIA AVENUE STREET ADDRESS STREET ADDRESS - City - St - ZIP PALM HARBOR: FL-34683 CITY-ST-7IP-TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ 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. RICHARD PETTIT - PRES. 8/28/04 SIGNATURE

FILED