2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90384 001 ***150.00

DOCUMENT # 502785 1. Entity Name A.S.M.E. AMERICAN ALARM, INC				05-01-2006 9	90384 001 ***150	0.00	
Principal Place of Business 4832 PHYLLIS ST. JACKSONVILLE, FL 32254	Mailing Address 4832 PHYLLIS ST. JACKSONVILLE, FL 322	54			 	11 25 : 11 :val	
2. Principal Place of Business 1309 Rensselaer Avenue	3. Mailing Address Same						
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u>.</u>	04262006	Chg-P	CR2E034 (11/05)		
City & State Jacksonville	City & State FL		4. FEI Number 59-11955	59	<u> </u>	oplied For of Applicable	
Zip Country 32205 USA	Zip	Country	5. Certificate of	Status Desired	S8.75 Add Fee Require		
6. Name and Address of Curre	nt Registered Agent		7. Name and A	dress of New F	legistered Agent		
TUMBELTY, LEONARD T.			Name Delamare, Patricia T.				
4832 PHYLLIS ST.		Street Address (P.O. Box Number is Not Acceptable) 1309 Rensselaer Avenue					
JACKSONVILLE, FL 32254		OJ KENSSELS	iei Aveiit	re			
		City J	acksonville	<u> </u>	FL Zip Cod	e32205	
The above named entity submits this statement the obligations of registered agent.	t for the purpose of changing its r	egistered office or regis	stered agent, or both,	in the State of Flo		and accept	
SIGNATURE		T. Delamare	Patricia	1. Deta	Mere 4/27/04		
Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$55		bution. 🗆 A	55.00 May Be added to Fees				
After May 1, 2006 Fee will be \$55 10. OFFICERS A	O.00 Trust Fund Contri ND DIRECTORS	bution. A	idded to Fees	ANGES TO OFF	ICERS AND DIRECTOR		
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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: _

Patricia T. Delamare, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR