
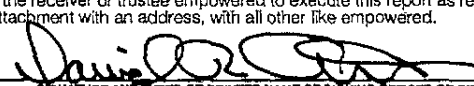


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 503349 1. Entity Name ALARMS INTERNATIONAL, INC.		
Principal Place of Business 14261 APPALACHIAN TRAIL, DAVIE, FL. SO FLORIDA, FL 33082 US		Mailing Address PO BOX 821205 SO FLORIDA, FL 33082 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARBOLD, INC. 6365 TAFT STREET HOLLYWOOD, FL 33024		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALBERT, DAVID 14261 APPALACHIAN TRAIL DAVIE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALBERT, ROSEMARY 14261 APPALACHIAN TRAIL DAVIE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;">4/6/05 954-921-7177 <small>Date Daytime Phone #</small></div>		



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1878626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000301293
04/13/05-80026-004 150.00