

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 15, 2010
Secretary of State**

DOCUMENT# 736383

Entity Name: ALARM ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**3801 NORTH UNIVERSITY DRIVE
316
SUNRISE, FL 33351 US**New Principal Place of Business:****Current Mailing Address:**1802 NORTH UNIVERSITY DRIVE
PMB 329
PLANTATION, FL 33322 US**New Mailing Address:****FEI Number:** 59-1877381 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEELY, BOB
1802 NORTH UNIVERSITY DRIVE
PMB 329
PLANTATION, FL 33322 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PRES
Name: IRELAND, C. ROBERT
Address: 1991 SW 127 AVE
City-St-Zip: DAVIE, FL 33325 US**Title:** VP
Name: GRACER, GREGORY
Address: 12108 SW 117 CT
City-St-Zip: MIAMI, FL 33186 US**Title:** SEC
Name: WORTHY, ROBERT M
Address: 592 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US**Title:** TRES
Name: TOOLE, RONALD B
Address: 153 RICHPIEN ROAD
City-St-Zip: FT WALTON BEACH, FL 32547 US**Title:** DIR.
Name: NEELY, ROBERT E E.D.
Address: 1802 N UNIVERSITY DR #329
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BOB NEELY

E.D.

11/15/2010

Electronic Signature of Signing Officer or Director

Date