

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001500

FILED
Apr 30, 2008
Secretary of State

Entity Name: AMERICAN SECURITY ALARMS, INC.

Current Principal Place of Business:

1 CITY BLVD WEST SUITE 475
ORANGE, CA 92868

New Principal Place of Business:

Current Mailing Address:

1 CITY BLVD WEST SUITE 475
ORANGE, CA 92868

New Mailing Address:

FEI Number: 20-0493708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CARPENTER, SHAUN
Address: 1 CITY BLVD WEST SUITE 475
City-St-Zip: ORANGE, CA 92868

Title: P () Delete
Name: SHIFFMAN, MITCHELL L
Address: 1 CITY BLVD WEST SUITE 475
City-St-Zip: ORANGE, CA 92868

Title: VP () Delete
Name: STEWART, RICHARD A
Address: 1 CITY BLVD WEST SUITE 475
City-St-Zip: ORANGE, CA 92868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CARPENTER, SHAUN J
Address: 1 CITY BLVD WEST SUITE 475
City-St-Zip: ORANGE, CA 92868

Title: VP (X) Change () Addition
Name: SHIFFMAN, MITCHELL L
Address: 1 CITY BLVD WEST SUITE 475
City-St-Zip: ORANGE, CA 92868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAUN J CARPENTER

DPST

04/30/2008

Electronic Signature of Signing Officer or Director

Date