

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90103 010 ***158.75

DOCUMENT # F06000003486

1. Entity Name

ALARM FINANCIAL SERVICES, INC.



4

Principal Place of Business *100 Tamal*

~~21 TAMAL VISTA, SUITE 255~~
CORTE MADERA, CA 94925

Plaza,
Suite 260

Mailing Address

PO BOX 2532
SAN ANSELMO, CA 94979

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number

45-0494771

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPST
NAME	WOOSTER, JAMES F
STREET ADDRESS	21 TAMAL VISTA, SUITE 255 <i>100 Tamal Plaza</i>
CITY-ST-ZIP	CORTE MADERA, CA 94925 <i>Suite 260</i>
TITLE	D
NAME	WOOSTER, JAMES F
STREET ADDRESS	21 TAMAL VISTA, SUITE 255 <i>100 Tamal Plaza</i>
CITY-ST-ZIP	CORTE MADERA, CA 94925 <i>Suite 260</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08 *415-927-5315*
Date Daytime Phone #