## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM Secretary of State

				٦	Sa	ovotovy	of State
1. Entity Nar					Se	cretary	of State
LTDIA SI	ECURITY MONITORING, INC	ORPORATED					
Principal Plac	ce of Business	Mailing Address	<del></del>	7			
1041 GLASS		P.O. BOX 836					
WILLIAMSTO	DWN, NJ 08094	WILLIAMSTOWN, NJ 08094					
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r	OO NOT WRITE	CE	01182005	No Chg-P	CR2E034 (10	/03)	
<u> </u>	O NOT WHITE	CE	4. FEI Numbe			Applied For	
				22-294		_ \$9.75	Not Applicable  Additional
				5. Certificate	of Status Desired	Fee Re	quired
	6. Name and Address of Current Re	gistered Agent		-			
UNITED C	CORPORATE SERVICES, INC.		D A	NOT W	DITE		
9200 SOL	JTH DADELAND BLVD.		1	טט	NOT W	HIIE	
SUITE 50	8 _ 33156-0000	•		IN 7	THIS SP	ACE	
1411/20411 <sup>1</sup> 1 F	. 03/30-0000_	-		***	4 E E R 1940 - 1940 - 1		
	e named entity <u>submits</u> this statement for that tons of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bot	th, in the State of Flor	rida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registero	ed Agent signature required	d when reinstating)	<del>,</del>	DATE	
-	Though EFF 10 faro on	9. Election Campaign Finar	ncing \$5	.00 May Be		<del></del>	· · · · · · · · · · · · · · · · · · ·
After M	LE NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	` ~ .		ded to Fees	000001	1206226	
10.	OFFICERS AND DI	AFCTORS	1		<u> 01/31/05</u> -	<del>-80075-022</del>	-150,00 -
TITLE	P		<b>†</b>		=		
Name	MCMULLEN, JAMES		1				
STREET ADDRESS	• · · · - · - · · • · · · •		ł				
CITY-ST-ZIP	WILLIAMSTOWN, NJ 08094		4				
TITLE Name	MADEN DONAVAN	-					
STREET ADDRESS	MADEN, DONAVAN 1041 GLASSBORO ROAD						
CITY-ST-ZIP	WILLIAMSTOWN, NJ 08094	,	ŧ				
TITLE	VPTS		1- —				
NAME	MARTINO, ROBERT	, _	i				ļ
STREET ADDRESS		_		nn	NOT W	DITE	•
CITY-ST-ZIP	NY, NY 10022	· · · · · · · · · · · · · · · · · · ·	4				
TITLE	CEO			IN 7	THIS SP	ACE	
NAME STREET ADDRESS	RIKLIS, IRA D 32 E 57TH ST		ſ	~~~			!
CITY . CT. 710	NV NV 40000						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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SIGNATURE AND TYPED OR PA

UP FINANCE & Admin

18 05 856-629-

Michael Worloney