2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000001405

1. Entity Name
LYDIA SECURITY MONITORING, INCORPORATED

Principal Place of Business	Mailing Address
1041 GLASSBORO RD WILLIAMSTOWN, NJ 08094	P.O. BOX 836 WILLIAMSTOWN, NJ 08094

02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2948825
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCMULLEN, JAMES
STREET ADDRESS	1041 GLASSBORO RD
CITY-ST-ZIP	WILLIAMSTOWN, NJ 08094
TITLE	VAS
NAME	MADEN, DONAVAN
STREET ADDRESS	1041 GLASSBORO ROAD
CITY-ST-ZIP	WILLIAMSTOWN, NJ 08094
TITLE	VPTS
NAME	MARTINO, ROBERT
STREET ADDRESS	32 E 57TH ST
CITY-ST-ZIP	NY, NY 10022
TITLE	CEO
NAME	RIKLIS, IRA D
STREET ADDRESS	32 E 57TH ST
CITY-ST-ZIP	NY, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80144-005 150.00

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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: James McMullen 4-10-06 856-629-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #