

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000001405**

1. Entity Name  
**LYDIA SECURITY MONITORING, INCORPORATED**



Principal Place of Business  
**1041 GLASSBORO RD  
WILLIAMSTOWN, NJ 08094**

Mailing Address  
**P.O. BOX 836  
WILLIAMSTOWN, NJ 08094**



04092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2948825</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000748626  
05/17/07 80072 011 150.00

**10. OFFICERS AND DIRECTORS**

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

Date

Daytime Phone #

*Robert A. Martino* / **ROBERT A. MARTINO** 4/12/07 800/367-2677