

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002132

Entity Name: ALARM FINANCING SERVICES, INC.

FILED
Feb 20, 2009
Secretary of State

Current Principal Place of Business:

4269 WOODHOLLOW DR.
MANTUA, OH 44255

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547
MANTUA, OH 44255

New Mailing Address:

FEI Number: 34-1778648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, JAY D
RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE S., NORTH TOWER
ST. PETERSBURG, FL 33701 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: PDC () Delete
Name: WOOSTER, JAMES T
Address: 4150 TIMS RD
City-St-Zip: SANTA YNEZ, CA 93460

Title: SD () Delete
Name: WOOSTER, MARSHA
Address: 4150 TIMS RD
City-St-Zip: SANTA YNEZ, CA 93460

Title: TD () Delete
Name: REMUS, ROBERT
Address: P.O. BOX 547
City-St-Zip: MANTUA, OH 442550547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: WOOSTER, JAMES T
Address: 1705 FRANCESCHI RD
City-St-Zip: SANTA BARBARA, CA 93103

Title: SD (X) Change () Addition
Name: WOOSTER, MARSHA
Address: 1705 FRANCESCHI RD
City-St-Zip: SANTA BARBARA, CA 93103

Title: TD (X) Change () Addition
Name: REMUS, ROBERT A
Address: P.O. BOX 547
City-St-Zip: MANTUA, OH 442550547

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: ROBERT A. REMUS

DIR

02/20/2009

Electronic Signature of Signing Officer or Director

_____ Date