2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H18542

FILED Mar 02, 2009 Secretary of State

Entity Name: ALARM & COMMUNICATION SYSTEMS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
% PAUL N 4301 W. S TAMPA, F	OUTH AVE.				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
% PAUL N 4301 W. S TAMPA, F	OUTH AVE.				
FEI Number	: 59-2444408	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:	
PULEO, P 4301 N. S TAMPA, F	OUTH AVE.	S			
	named entity	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
	e of Florida.				
	e of Florida.				
in the State	e of Florida. [*] RE:	nic Signature of Registered Ago	ent	 Date	
in the State	e of Florida. RE: Electro	nic Signature of Registered Ago	ent	Date	
in the State SIGNATUI	e of Florida. RE: Electro	g Trust Fund Contribution().		Date GES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI	e of Florida. RE: Electro mpaign Financin S AND DIREC	g Trust Fund Contribution (). CTORS:) Delete N.,			
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electro mpaign Financin S AND DIREC D (PULEO, PAUL 19202 HANNA LUTZ, FL	g Trust Fund Contribution (). ETORS:) Delete N., RD.) Delete ON	ADDITIONS/CHAN Title: Name: Address:	IGES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electro mpaign Financin S AND DIREC D (PULEO, PAUL 19202 HANNA LUTZ, FL DPST (PULEO, SHAR 19202 HANNA LUTZ, FL	g Trust Fund Contribution (). ETORS:) Delete N., RD.) Delete ON ROAD	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	

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: TROY PULEO DVP 03/02/2009