


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> H29833 <b>1. Entity Name</b> FORCE ONE ALARM SYSTEMS, INC.	
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<b>Principal Place of Business</b> 4547 SANTA CRUZ CT P O BOX 585516 ORLANDO, FL 32858-2516	<b>Mailing Address</b> 4547 SANTA CRUZ CT P O BOX 585516 ORLANDO, FL 32858-2516
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02142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2472309	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  PEREZ, JULIO A. 4547 SANTA CRUZ CT. ORLANDO, FL 32808
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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 except the obligations of registered agent.**

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when re-registering)</small>	<small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	PD
<b>NAME</b>	PEREZ, JULIO A.
<b>STREET ADDRESS</b>	4547 SANTA CRUZ COURT
<b>CITY-ST-ZIP</b>	ORLANDO, FL
<b>TITLE</b>	D
<b>NAME</b>	PEREZ, JOAN D.
<b>STREET ADDRESS</b>	4547 SANTA CRUZ COURT
<b>CITY-ST-ZIP</b>	ORLANDO, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/27/06-80098-011 150.00

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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 changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>Joan Perez V/P</u>	<b>Date</b> <u>4-10-06</u>	<b>Daytime Phone</b> <u>407-295-28</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		