

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51421

FILED
Apr 14, 2008
Secretary of State

Entity Name: SECURITY MONITORING SERVICES, INC.

Current Principal Place of Business:

715 W. STATE RD. 434
SUITE K
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1035 N. 3RD ST.,
STE. 101
LAWRENCE, KS 66044 US

New Mailing Address:

FEI Number: 59-2559395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: P () Delete
Name: WILSON, ANTHONY
Address: 715 W. STATE RD. 434, SUITE K
City-St-Zip: LONGWOOD, FL 32750 US

Title: V () Delete
Name: GINSBURG, RICHARD I
Address: 1035 N. 3RD ST., STE. 101
City-St-Zip: LAWRENCE, KS 66044

Title: S () Delete
Name: GRIFFIN, JOHN E
Address: 4221 W. JOHN CARPENTER FWY
City-St-Zip: IRVING, TX 75063

Title: T () Delete
Name: DEVIN, ERIC A
Address: 1035 N. 3RD ST., STE. 101
City-St-Zip: LAWRENCE, KS 66044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIC A. DEVIN

T

04/14/2008

Electronic Signature of Signing Officer or Director

Date