


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**1/ Mar 05, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90050 029 \*\*\*150.00

<b>DOCUMENT # H98947</b>	
1. Entity Name <b>LINUS ALARM CORP</b>	

Principal Place of Business <b>18824 COUNTY LINE RD. BROOKSVILLE, FL 34610 US</b>	Mailing Address <b>P O BOX 5159 SPRINGHILL, FL 34611 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2646040</b>	Applied For <input type="checkbox"/> 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

**MAZZUCO PHILIP**  
~~6484 LAUREL OAK DR.~~ **Robot 5159**  
~~SPRING HILL, FL 34607~~ **34611**  
**8090 SUGAR BUSH DR**  
**SPRING HILL, FL 34606**

**DO NOT WRITE  
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature is required when remaining) DATE \_\_\_\_\_

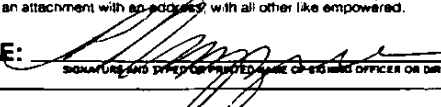
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MAZZUCO, PHILIP <b>8090 SUGAR BUSH DR</b> <del>6484 LAUREL OAK DR</del> <b>Robot 5159</b> SPRING HILL, FL <del>34607</del> <b>34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZZUCO, MICHAEL 8499 SUGAR TREE DR. SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/1/07** Date \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #