2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # J04398 05-02-2006 90195 031 ***150 00 1. Entity Name IFR MONITORING USA, INC. Mailing Address Principal Place of Business 3333 WEST COMMERCIAL BLVD 3333 WEST COMMERCIAL BLVD **SUITE 202** SUITE 202 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 3313 West Commercial Bly 3313 West Commercial BlVd Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-P CR2E034 (11/05) Juite 190 Suite 190 4. FEI Number City & State City & State Applied For fort Lauderdale Fort Lauderdale, 59-2650807 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired úsA USA Fee Required 33309 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRUJAK, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 3333 WEST COMMERCIAL BLVD **SUITE 202** FORT LAUDERDALE, FL 33309 Zip Code 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tiple if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Vice President ASAT TITLE □ Delete TITLE Change ☐ Addition KENNEDY, JIM Kennedy, Jim NAME NAME 8103 Costabile Drive STREET ADDRESS 8103 COSTABILE DRIVE STREET ADDRESS NIAGRA FLLS, ONTARIO CANADA, CA 12h 3h4 CITY-ST-ZIP Niagara Falls, ON CA CITY-ST-ZIP OMST TITLE ☐ Delete TITLE ■ Addition DIODATI, CINDY NAME NAME 8130 PINELLAS PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NIAGARA FALLS, ONT, CA 12h 3b1 CITY-ST-ZIP President TITLE Delete TITLE ☐ Change Addition X Marrapodi, Eugenio NAME NAME STREET ADDRESS STREET ADDRESS 41 Svatoplukova CITY-ST-ZIP CITY-ST-ZIP Fesinok, Slovakia ☐ Delete TITLE Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 postee 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED