## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # J42712  1. Entity Name SENTRY ALARM SYSTEMS OF AMERIC	CA, INC.		Secretary of State	e
8 THOMAS OWENS WAY 8	eiling Address THOMAS OWENS WAY MONTEREY, CA 93940 US		T I LEGRICA DIA DEBLE SELI METERI NASA SELI ALUKA SELI ALUK DIAK TIMU MENJU BIDIK BIDIK DIAKANDI IKSTAL	
DO NOT WRITE IN THIS SPACE				
		~	01102005 No Chg-P CR2E034 (10/03)	
		UE .	4. FEI Number Applied For 59-2746352 Not Applicate	ole
			5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Regis	tered Agent			
ANGWIN, SANDRA 109 RED CEDAR LONGWOOD, FL 32779			DO NOT WRITE 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 accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required wave renstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees				
After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIREC				
ITILE NAME HILL, WILLIAM J STREET ADDRESS CITY-ST-ZIP SALINAS, CA 93908  TITLE NAME HILL, KARIN STREET ADDRESS CITY-ST-ZIP MONTEREY, CA 93940  ITILE NAME STREET ADDRESS STHOMAS OWENS WAY MONTEREY, CA 93940  TITLE NAME STREET ADDRESS STHOMAS OWENSWAY			000000181628 01/18/05-80005-012 150.00 <b>DO NOT WRITE</b>	
CITY-ST-ZIP MONTEREY, CA  TITLE VP NAME HILL, W. CHRISTIAN STREET ADDRESS CITY-ST-ZIP MONTEREY, CA 93940  TITLE NAME STREET ADDRESS			IN THIS SPACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

armatkel, Karin L. Hill, C

831658-616

Daytime Phone #