2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J42712

1. Entity Name
SENTRY ALARM SYSTEMS OF AMERICA, INC.

Principal Place of Business	Mailing Address
8 THOMAS OWENS WAY MONTEREY, CA 93940 US	8 THOMAS OWENS WAY MONTEREY, CA 93940 US

DO NOT WRITE IN THIS SPACE

01312006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2746352		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGWIN, SANDRA
109 RED CEDAR
LONGWOOD, FL 32779

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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 when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P	
NAME	HILL, WILLIAM J	
STREET ADDRESS	25491 JOHN STEINBECK TRAIL	
CITY-ST-ZIP	SALINAS, CA 93908	
TITLE	ST	
NAME	HILL, KARIN	
STREET ADDRESS	8 THOMAS OWENS WAY	
CITY-ST-ZIP	MONTEREY, CA 93940	
TITLE	VP	
NAME	BELISLE, PAUL	
STREET ADDRESS	8 THOMAS OWENSWAY	
CITY-ST-ZIP	MONTEREY, CA	
TITLE	VP	
NAME	HILL, W. CHRISTIAN	
STREET ADDRESS	8 THOMAS OWENS WAY	
CITY-ST-ZIP	MONTEREY, CA 93940	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: _Karin L. Hill_ Karin L. Hill, CFO   1/31/06   831-658-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #