


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J42712**

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



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

Mailing Address  
8 THOMAS OWENS WAY  
MONTEREY, CA 93940 US

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2746352	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

U00000587906  
01/17/07-80051-016 150.00

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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 Hill* Karin L. Hill, sec/treas 1/4/07 831 658-6111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #