2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 10, 2007 08:00 A Secretary of State DOCUMENT # J52679 SECURITY ANSWERING SERVICE, INC. OF SARASOTA Principal Place of Business Mailing Address 1716 FRIUTVILLE ROAD 1716 FRIUTVILLE ROAD SARASOTA, FL 34236 SARASOTA, FL 34236 No Chg-P 04052007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2766573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUGGAN, LANCE DO NOT WRITE 1716 FRUITVILLE RD SARASOTA, FL 34236 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. (NOTE, Registered Agent algorithms required when reinstating)...... DATE Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DUGGAN, LANCE STREET ADDRESS 1716 FRUITVILLE RD CITY-SI-7IP SARASOTA, FL 34236 U000000699434 STD TITLE 04/19/07-80042-013 150.00 NAME DUGGAN, LISA 1716 FRUITVILLE ROAD STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IF TITLE NAME STREET ADDRESS CITY-ST-ZIP-

SIGNATURE AND