2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62030

FILED Apr 30, 2009 Secretary of State

Entity Name: ALPHA SECURITY & FIRE ALARM SERVICES, INC.

-iitity Nai					
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
6201 NW 1 SUNRISE,	12 CT FL 33313	US	6555 NW 9TH AVENU SUITE 205 FORT LAUDERDALE		
Current Mailing Address:		New Mailing Addres	New Mailing Address:		
P.O. BOX [*]	LD E. PINNO 121356 RDALE, FL	OCK AND WILMA PINNOCK 33312 US			
El Number:	65-0101940	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
		AND WILMA PINNOCK			
S201 N.W. SUNRISE, The above	12TH COUF FL 33313 named entity of Florida.	RT US	ourpose of changing its registere	ed office or registered agent, or both,	
S201 N.W. SUNRISE, The above n the State	12TH COUF FL 33313 named entity of Florida.	RT US		ed office or registered agent, or both, Date	
S201 N.W. SUNRISE, The above n the State BIGNATUR	named entity of Florida. RE: Electro	RT US submits this statement for the p			
6201 N.W. SUNRISE, The above n the State BIGNATUF	named entity of Florida. RE: Electro	RT US submits this statement for the points Signature of Registered Age and Trust Fund Contribution ().	ent		
6201 N.W. SUNRISE, The above n the State BIGNATUF	named entity of Florida. RE: Electro mpaign Financi	RT US y submits this statement for the properties of Registered Age onic Signature of Registered Age ong Trust Fund Contribution (). CTORS:) Delete ERALD E.	ent	Date	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD PINNOCK PD 04/30/2009