

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K73692

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ALERT ALARM SYSTEMS PLUS, INC.

## Current Principal Place of Business:

VINCENT DELLA VOLPE  
2021 WHITFIELD PARK LOOP  
SARASOTA, FL 34243 US

## New Principal Place of Business:

## Current Mailing Address:

VINCENT DELLA VOLPE  
2021 WHITFIELD PARK LOOP  
SARASOTA, FL 34243 US

## New Mailing Address:

FEI Number: 65-0143519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELLA VOLPE, VINCENT J PRES  
2021 WHITFIELD PARK LOOP  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DELLA VOLPE, VINCENT J PRES  
Address: 2021 WHITFIELD PARK LOOP  
City-St-Zip: SARASOTA, FL 34243 US

Title: VP ( ) Delete  
Name: DELLA VOLPE, FLORENCE VPRES  
Address: 2021 WHITFIELD PARK LOOP  
City-St-Zip: SARASOTA, FL 34243 US

Title: TS ( ) Delete  
Name: DELLA VOLPE, GARY J SEC/TRE  
Address: 2021 WHITFIELD PARK LOOP.  
City-St-Zip: SARASOTA, FL 34243 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VINCENT J. DELLA VOLPE

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date