2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 27, 2007 08:00 AM Secretary of State **DOCUMENT # L04000043146** BAY ALERT SECURITY SPECIALISTS LLC Principal Place of Business Mailing Address 1596 ROSERY RD. E. P.O. BOX 273 LARGO, FL 33771 LARGO, FL 33779 01242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2174545 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TUTTLE, RONALD G DO NOT WRITE 1596 ROSERY RD. E. LARGO, FL 33771 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) 000000738822 Filing Fee is \$50.00 Due by May 1, 2007 05/11/07-80083-008 55.00 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME TUTTLE, RONALD G STREET ADDRESS 1596 ROSERY RD. E. CITY-ST-ZIP LARGO, FL 33771 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accorate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or purple empowered to execute this teport as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #