

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60747

FILED
Apr 29, 2005
Secretary of State

Entity Name: SECURITY ONE SYSTEMS, INC.

Current Principal Place of Business:

5747 N ANDREWS WAY
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

5747 N ANDREWS WAY
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0181483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDELL, MIKE
5400 S UNIVERSITY DR., #117
DAVIE, FL 33328 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: CEO () Delete
Name: NEWMAN, ROBERT B.
Address: 5747 N ANDREWS WAY
City-St-Zip: FT. LAUDERDALE, FL

Title: VP/S () Delete
Name: PASQUARELLO, JIM
Address: 5747 N ANDREWS WAY
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P () Delete
Name: CRESPO, STEVE
Address: 5747 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Delete
Name: WALTON, MICHAEL
Address: 5747 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP () Delete
Name: BOMEISL, PHIL
Address: 5747 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

Title: AS/T () Delete
Name: NEGRIN, FRANK
Address: 5747 N ANDREWS WAY
City-St-Zip: FT LAUDERDALE, FL 33309

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:

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 for the exemption stated in Section 119.07(3)(i), 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: RN

Electronic Signature of Signing Officer or Director

CEO

04/29/2005

_____ Date