*** * 2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

May 15, 2006 08:00 AM Secretary of State DOCUMENT # M61082 PRESTIGE ALARMS SERVICE, INC. Principal Place of Business Mailing Address 7926 W. 30TH COURT 7926 W. 30TH COURT HIALEAH, FL 33016 US HIALEAH, FL 33016 05012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0008859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CINTADO, PEDRO P DO NOT WRITE 7926 W 30 CT HIALEAH, FL 33016 IN THIS SPACE 3. 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 hame of registered agent and trile if applicable (NOTE: Registered Agent aignature required when spiristating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2006 Added to Fees OFFICERS AND DIRECTORS 10. U00000564276 05/20/06-80052-021 150.00 tate NAME CINTADO, PEDRO P STREET ADDRESS 7926 W 30 CT. CITY-ST-ZIP HIALEAH, FL 33018 TITLE DEL CARMEN CINTADO, MARIA NAME STREET ADDRESS 7926 W 30 CT. CITY-ST-ZIP HIALEAH, FL 33018 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP **IIILE** NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 an adverses, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED