2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M61198

FILED Jan 16, 2004 Secretary of State

Entity Name: SECURITY ASSOCIATES INSURANCE AGENCY, INC.

US

Current Principal Place of Business: New Principal Place of Business:

703 GIDDINGS AVENUE SUITE U-6 ANNAPOLIS, MD 21401

Address: City-St-Zip:

Current Mailing Address: New Mailing Address:

PO BOX 28347
PARKVILLE, MD 21234
703 GIDDINGS AVENUE
SUITE U-6
ANNAPOLIS, MD 21401

FEI Number: 65-0029834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNG, WILLIAM H III

155 ISLE OF VENICE DRIVE, #604

FT LAUDERDALE, FL 33301 US

YOUNG, WILLIAM H III

11721 S.W. TANGERINE COURT

PALM CITY, FL 34990 US

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: WILLIAM H. YOUNG, III 01/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: JONES, WILLIAM F PRES Name:

JONES, WILLIAM F PRESName:703 GIDDINGS AVE U-6Address:ANNAPOLIS, MD 21401City-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: WILLIAM F. JONES PRES 01/16/2004