

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M61198

FILED
Mar 23, 2008
Secretary of State

Entity Name: SECURITY ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

703 GIDDINGS AVENUE
SUITE U-6
ANNAPOLIS, MD 21401 US

New Principal Place of Business:

Current Mailing Address:

703 GIDDINGS AVENUE
SUITE U-6
ANNAPOLIS, MD 21401

New Mailing Address:

703 GIDDINGS AVENUE
SUITE U-6
ANNAPOLIS, MD 21401 US

FEI Number: 65-0029834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YOUNG, WILLIAM H III
11721 S.W. TANGERINE COURT
PALM CITY, FL 34990 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: P () Delete
Name: JONES, WILLIAM F PRES
Address: 703 GIDDINGS AVE U-6
City-St-Zip: ANNAPOLIS, MD 21401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM F. JONES

PRES

03/23/2008

Electronic Signature of Signing Officer or Director

_____ Date