


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90165 024 \*\*\*\*74.38

<b>DOCUMENT # N00000003789</b> 1. Entity Name <b>ALARM COMMUNITY DEVELOPMENT CENTER, INC.</b>	
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Principal Place of Business <b>2720 BLAIRSTONE RD. BUILDING F TALLAHASSEE, FL 32301</b>	Mailing Address <b>P.O. BOX 5318 TALLAHASSEE, FL 32314-5318</b>
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**DO NOT WRITE IN THIS SPACE**

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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3636164</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STEWART, ALVIN JR 2720 BLAIRSTONE ROAD SUITE C TALLAHASSEE, FL 32301</b>
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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 <u>Alvin D. Stewart, Jr.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>4/24/07</u> <small>NOTE: Registered Agent must be a resident of the State of Florida.</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, ALVIN JR 2720 BLAIRSTONE ROAD, STE. C TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, ALVIN D JR 2720 BLAIRSTONE ROAD, STE. C TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, LISA 2720 BLAIRSTONE ROAD STE. C TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMSON, LAWRENCE 2306 BRYNMAHR DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <u>Alvin D. Stewart, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4/24/07</u>	Daytime Phone # <u>(850) 561-8901</u>
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