

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039809

FILED
Jan 09, 2009
Secretary of State

Entity Name: ADVANCED MONITORING & CONTROL, INC.

Current Principal Place of Business:

9772 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

9772 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-1002951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, MATTHEW
9772 EL CLAIR RANCH RD.
BOYNTON BEACH, FL 33437 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: V/S () Delete
Name: KAHN, MATTHEW I MR
Address: 9772 EL CLAIR RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: V/T () Delete
Name: KAHN, LYNNE Z MRS
Address: 9772 EL CLAIR RANCH ROAD
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: V () Delete
Name: SPRUTH, JOHN M MR
Address: 330 TEALWOOD DRIVE
City-St-Zip: HOUSTON, TX 77024 US

Title: V () Delete
Name: FONT, GARY
Address: 1344 SW 12TH AVE
City-St-Zip: BOCA RATON, FL 33486 US

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:

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: MATTHEW KAHN

V/S

01/09/2009

Electronic Signature of Signing Officer or Director

Date