## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000078605

Entity Name: MASTER MONITORING, INC.

FILED Jun 20, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 14278 NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** P.O. BOX 14278 NORTH PALM BEACH, FL 33408 FEI Number: 65-1033131 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FREUND, DONALD 412 SOUTHWIND DR. #C-2 NORTH PALM BEACH, FL 33408 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: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DELRAY BEACH, FL 33445

Title: DPVP ( ) Delete Title: (X) Change ( ) Addition FREUND, DONALD FREUND, DONALD Name: Name: P.O. BOX 14571 412 SOUTHWIND DR. #C-2 Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: DST Title: DST (X) Change ( ) Addition () Delete FREUND, CAROLYN Name: Name: FREUND, CAROLYN L P.O. BOX 14571 412 SOUTHWIND DR. #C2 Address: Address: NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 City-St-Zip: City-St-Zip: Title: ( ) Change (X) Addition Title: () Delete Name: LYONS, WILLIAMS C Name: 1025 NW 17TH, AVE, A-1 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CAROLYN L. FREUND DST 06/20/2006