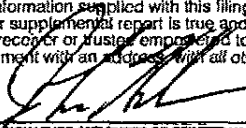


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000109407		
1. Entity Name ALARMCO SERVICES, INC.		
Principal Place of Business 340 KNOWLES AVE N WINTER PARK, FL 32789		Mailing Address 340 KNOWLES AVE N WINTER PARK, FL 32789
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KIRSCHNER, JOHN E 1309 HARDING ST WINTER PARK, FL 32789		 01032007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3681506 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____
		FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCHNER, JOHN E 1309 HARDING ST WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAHL, LAWRENCE R 915 RIVERBEND BLVD LONGWOOD, FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE U00000607842 01/31/07-80052-024 150.00		
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 recorder or trustee empowered to execute this report as required by Chapter 607, 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. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/16/07 407-947-8582 Date Daytime Phone #		