

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90079 047 \*\*\*150.00

**DOCUMENT # P00000111745**

1. Entity Name  
**SECURITY ONE MONITORING SERVICES, INC.**



Principal Place of Business      Mailing Address  
**5747 NORTH ANDREWS WAY**      **5747 NORTH ANDREWS WAY**  
**FORT LAUDERDALE, FL 33309**      **FORT LAUDERDALE, FL 33309**

40000000



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3880 Sheridan St**      **3880 Sheridan St**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

03122007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Hollywood, FLA**      **Hollywood, FLA**

4. FEI Number      Applied For  
**65-1093610**      Not Applicable

Zip      Country      Zip      Country  
**33021**      **USA**      **33021**      **USA**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NEWMAN, ROBERT**  
**5747 NORTH ANDREWS WAY**  
**FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent  
 Name      **John Kasbar**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3880 Sheridan St**  
 City      **Hollywood**      **FL**      Zip Code      **33021**

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: *John A. Newman*      DATE: **3/14/07**

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	PD NEWMAN, ROBERT 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASQUARELLO, JAMES A 5747 NORTH ANDREWS WAY FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, ROBERT 3880 Sheridan St Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASQUARELLO, JAMES A 3880 Sheridan St Hollywood, FL 33021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Jim Pasquarello - Vice President*      Date: **3-12-07**      Daytime Phone #: **954-983-2990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #