## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011735  1. Entity Name SECURE ALARM SYSTEMS, INC.					FILED 07 MAR - 7 PM 3: 44			
Principal Place of Business Mailing Address						ARASSEE, FLORIDA		
241 N. COURTNEY PARKWAY 241 N. COURTNE MERRITT ISLAND, FL 32953 MERRITT ISLAND				İ		TIMOSEE, FL	JRIDA	
MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953			JJ					
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Z. Principai P	lace of Business - No P.O. Box #	3. Mailing Address	151			H	NVIETI VILLE	
		Suite, Apt. #, etc.			Chg-P	CR2E034 (12/06	1	
City & State			City & State				· 	
Cay a State		COCOA, FL		4. FEI Numt 61-330			Applied For Not Applicable	
Zip Country		32923 Country USA		<b>1</b>	5. Certificate of Status Desired \$8.75 Additional			
	C N	<u> </u>	USA			Fee Requi		
	6. Name and Address of Current	registered Agent	Name	7. Name and Address of New Registered Agent				
DUMAS, JOSEPH T				Street Address (P.O. Box Number is Ngt Acceptable)				
241 N. COURTNEY PARKWAY MERRITT ISLAND, FL 32953			241	N. Courtne	Parkwa			
WENT 100 MB, 12 02000								
• 00			City	City Merrit Island FL Zip Code 3 2953				
8. The above named entity subthits 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 acce								
the obligations of legistered agent.								
SIGNATURE 2/19/07								
Signature, typed or printed name of registered agent and title if applicable. (NOT). Registered Agent signature required when reinstating) DATE								
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees								
10.	OFFICERS AND		11.		/CHANGES TO OF	ICERS AND DIRECTO		
TITLE NAME	D DUMAS, JOSEPH T	Delete	TITLE NAME	D Ronnie J. H	aley	☐ Change	Addition	
STREET ADDRESS	1 · · ·			15610 Clover (	lircle	<b>,</b>		
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	melbourne,	FL 3293	<u> 55                                  </u>		
TITLE	D CANCLEZ MULLIAM D	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	SANCHEZ, WILLIAM R  241 N. COURTNEY PKWY.							
CITY-ST-ZIP	MERRITT ISLAND, FL 32953							
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME CYPEET ADDRESS	1.	000918	334831 }001 **202		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	03/0	9/0701003	3801 <b>**</b> 202	2.50	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CIFY-ST-ZIP					
TITLE		☐ Delete	TITLE	<del></del>		☐ Change	Addition	
NAME		_ Delete	NAME			Charge		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			П 0h		
TITLE NAME		☐ Delete	TITLE Name			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	<u> </u>	CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental leport 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 redever of trusting emptyvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
of the cor	poration or the receiver of trustile empt , or on an attachment with an access.	pyve(teg) to execute this report as i	required by Chap	oter 607, Florida Statu	tes; and that my nam	ne appears in Block 10	or Block 11 if	
010314-			( 119.1	n R. Sanchez	- ali91	NT 231-44	ן   מערר נג	
SIGNAT	SIGNATURE AND TYPED OR P	RINTED NAME OF BIONING OFFICER OR I	ULTURAN DIRECTOR	14- Janenez	Dete Dete	Daytime Phone	<u> </u>	
L					<del></del>			