
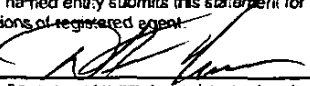



MAR-28-2007 10:37

STARR SECURITY

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 018 \*\*\*150.00

<b>DOCUMENT # P02000090592</b> 1. Entity Name <b>CAPE ALARMS, INC.</b>			
Principal Place of Business <b>936 NE TERRACE, UNIT 2 CAPE CORAL, FL 33909</b>		Mailing Address <b>1800 NORTHGATE BLVD UNIT A-2 SARASOTA, FL 34234</b>	
2. Principal Place of Business - No P.O. Box # <b>1529 FLYNN ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>4025 CATHEN RD, PMB 141</b> Suite, Apt. #, etc.	
City & State <b>Fort Myers FL</b> Zip <b>33903</b>		City & State <b>SARASOTA FL</b> Zip <b>34233</b>	
4. FEI Number <b>1: 4208772</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILCOX, DAVID WESQ 1301 6TH AVENUE WEST SUITE 401 BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>DONALD F CURRAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7515 WEEPING WILLOW DR.</b> City <b>SARASOTA</b> FL Zip Code <b>34241</b>	
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  DATE <b>3/29/07</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> Max Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b> <b>WILCOX, DAVID W</b> <b>1301 6TH AVENUE WEST SUITE 401</b> <b>BRADENTON, FL 34205</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P</b> <b>CURRAN, DONALD F</b> <b>7515 WEEPING WILLOW DRIVE</b> <b>SARASOTA, FL 34241</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VPST</b> <b>CURRAN, MARK N</b> <b>4735 E TRAILS DRIVE</b> <b>SARASOTA, FL 34232</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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:  <b>DF CURRAN, Pres.</b>		Date <b>3/29/07</b> City/State Phone # <b>941-358-9937</b>	