2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000092065

FILED Jun 15, 2005 Secretary of State

Entity Na	me: THE MON	NITORING CENTER USA, INC	D.		
Current P	rincipal Place	of Business:	New Princ	ipal Place of Busine	ess:
	/INSTON PARI i, FL L6H 5V1	(DR		INSTON PARK DR ONTARIO, CANADA	A, CA L6H 5V1 CA
Current M	lailing Addres	s:	New Maili	ng Address:	
	/INSTON PARI i, FL L6H 5V1	K DR		INSTON PARK DR ONTARIO, CANADA	A, CA L6H 5V1 CA
FEI Number	: 54-2068690	FEI Number Applied For()	FEI Number Not Appl	icable () Certific	cate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Re	gistered Agent:
2393 APP/	CHINO, GINO ALOOSA TRAI TON, FL 3341				
	named entity s of Florida.	submits this statement for the	purpose of changing i	ts registered office or	registered agent, or both,
SIGNATU	RE: DIGOACO	· ·			
	Electron	ic Signature of Registered Ag	jent		Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.	
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () DIGIOACCHING 2393 APPALOC WELLINGTON,	SA TRAIL	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	D () ALLEN, JOHN 2393 APPALOO WELLINGTON,		Title: Name: Address: City-St-Zip:	D (X) Change GREEN, EDWARD 2393 APPALOOSA TRA WELLINGTON, FL 334	
Title: Name: Address: City-St-Zip:	D (X) MACECEVIC, V 2393 APPALOO WELLINGTON,	SA TRAIL	Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name:	D (X) GREEN, EDWA	Delete RD	Title: Name:	() Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

|--|

2393 APPALOOSA TRAIL

WELLINGTON, FL 33414

Address:

City-St-Zip: