


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P04000101546 1. Entity Name SENTINEL SECURITY SYSTEMS, INC.	
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Principal Place of Business 6881 KINGSPONTE PARKWAY STE 3 ORLANDO, FL 32819 US	Mailing Address 6881 KINGSPONTE PARKWAY STE 3 ORLANDO, FL 32819 US
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DO NOT WRITE IN THIS SPACE



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1710792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MORRIS, WILLIAM H III 6881 KINGSPONTE PARKWAY, STE 3 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, RUSTY 6881 KINGSPONTE PARKWAY, STE 3 ORLANDO, FL 32819
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05/29/07-80020-024 150.00

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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: Rusty Moore 5/1/07 407-352-0095

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