2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P04000105548** 1. Entity Name 05-02-2006 90145 014 ***150.00 SENTRY LOCK COMPANY Principal Place of Business Mailing Address 4911 LYONS TECHNOLOGY PKWY STE 4 COCONUT CREEK FL 33073 4911 LYONS TECHNOLOGY PKWY STE 4 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 41-2144067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KONDEAU SPRINKLE, STEVEN 4911 LYONS TECHNOLOGY PKWY STE 4 Address (P.O. Box Number is Not Acceptable) II Lyons / echnology Prwy. STE 4 **COCONUT CREEK FL 33073** Zip Code **33073** 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 04-19-06 SIGNATURE -(NOTE: Registered Agent signature recurred when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete La Change noilibba [7] RONDEAU EMIG. Prwy, #4 SPRINKLE, STEVEN STREET ADDRESS 4911 LYON TECH PKWY, #4 STREET ADDRESS 33073 CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-782 Delete ☐ Change Addition MAME RONDEAU, EMILY NAME STREET ADDRESS 4911 LYON TECH PKWY, #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 THUE THE ☐ Addition Delete_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED