2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

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Entity Name: ALERT-1 PROTECTION AND INVESTIGATION SERVICE, INC.

Current Principal Place of Business:

7980 CARLOTTA ROAD SOUTH
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

7980 CARLOTTA ROAD SOUTH
SUITE # 2
JACKSONVILLE, FL 32211 US

Current Mailing Address:

P.O. BOX 11388
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 90-0200214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VINCENT, DEAN A PSTD
7980 CARLOTTA ROAD SOUTH
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

VINCENT, DEAN A PSTD
7980 CARLOTTA ROAD SOUTH
SUITE # 2
JACKSONVILLE, FL 32211 US

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.

SIGNATURE: _____ 03/07/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: VINCENT, DEAN A PSTD
Address: 7980 CARLOTTA ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete
Name: VINCENT, KENNETH C D
Address: 7980 CARLOTTA ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: VD ( ) Delete
Name: VINCENT, MICHAEL W VD
Address: 7980 CARLOTTA ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: D ( ) Delete
Name: VINCENT, MINNIE M D
Address: 7980 CARLOTTA ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: DEAN A. VINCENT/ PRESIDENT PSTD 03/07/2006
Electronic Signature of Signing Officer or Director — Date