

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044555

FILED
Apr 27, 2006
Secretary of State

Entity Name: DALMATIAN SMOKE ALARM SERVICE, INC.

Current Principal Place of Business:

4019 FONTANA PLACE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

4019 FONTANA PLACE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 74-3144684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUSCH, JAMES
1375 MEADOWLARK RD
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CASSELS, DON JR
Address: 4019 FONTANA PLACE
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: KUSCH, JAMES
Address: 1375 MEADOWLARK RD
City-St-Zip: SPRING HILL, FL 34608

Title: VD () Delete
Name: CASSELS, DANIEL
Address: 14128 DOLPHIN ST
City-St-Zip: SPRING HILL, FL 34609

Title: SD () Delete
Name: CASSELS, EDWARD
Address: 9125 TILINA LN
City-St-Zip: TAMPA, FL 33637

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: JAMES KUSCH

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date