

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093561

FILED
May 05, 2009
Secretary of State

Entity Name: THE MONITORING CENTER FLORIDA, INC.

Current Principal Place of Business:

2393 APPALOOSA TRAIL
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2150 WINSTON PARK DRIVE
UNIT 17
OAKVILLE, ON L6H 5V1 CN

New Mailing Address:

FEI Number: 20-3086278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PARKWAY
#300
CAPE CORAL, FL 33904 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIGIOACCHINO, GINO
Address: 2393 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: GREEN, EDWARD J
Address: 1904 PILGRIMS WAY
City-St-Zip: OAKVILLE, ON L6M 1X4 CN

Title: D () Delete
Name: GRABOWSKA, GRACE
Address: 2220 URWIN CRES
City-St-Zip: OAKVILLE, ON L6L 2T2 CN

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:

I hereby certify that the information supplied with this filing does not qualify 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: GRACE GRABOWSKA

D

05/05/2009

Electronic Signature of Signing Officer or Director

_____ Date