

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 030 ***150.00

DOCUMENT # P93000012194 1. Entity Name ALARMPRO, INC.	
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Principal Place of Business 31 ENTERPRISE DR BUNNELL, FL 32110 US	Mailing Address P.O. BOX 350189 PALM COAST, FL 32135
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3166739	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

GUNTHARP, PAUL M. JR. P
4-B OLD KINGS RD. NORTH
PALM COAST, FL 32137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MUGFORD, NORMAN R 14 BUD HOLLOW DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MUGFORD, LINDA V 14 BUD HOLLOW DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Linda V. Mugford* VPO 1-11-08 386-445-2936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #