

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000012194

FILED
Feb 13, 2009
Secretary of State**Entity Name:** ALARMPRO, INC.**Current Principal Place of Business:**31 ENTERPRISE DR
BUNNELL, FL 32110 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 350189
PALM COAST, FL 32135**New Mailing Address:****FEI Number:** 59-3166739**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GUNTARP, PAUL M. JR. P
4-B OLD KINGS RD. NORTH
PALM COAST, FL 32137 US**Name and Address of New Registered Agent:**MUGFORD, NORMAN R
31 ENTERPRISE DRIVE
BUNNELL, FL 32110 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: NORMAN R MUGFORD

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: MUGFORD, NORMAN R
Address: 14 BUD HOLLOW DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: VPO () Delete
Name: MUGFORD, LINDA V
Address: 14 BUD HOLLOW DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: TO () Delete
Name: MUGFORD, EDWARD M
Address: 11 POINTING PLACE
City-St-Zip: PLAM COAST, FL 32164 US

Title: SO (X) Delete
Name: MUGFORD, DARBONY L
Address: 11 POINTING PLACE
City-St-Zip: PALM COAST, FL 32164 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TSO (X) Change () Addition
Name: MUGFORD, EDWARD M
Address: 11 POINTING PLACE
City-St-Zip: PLAM COAST, FL 32164 US

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: NORMAN R MUGFORD

PO

02/13/2009

Electronic Signature of Signing Officer or Director

Date