2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# P94000003979

Entity Name: TECHNIALARM INC.

Current Principal Place of Business:

4794 WITCH LN
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

P O BOX 5793
LAKE WORTH, FL 334665793 US

New Mailing Address:

FEI Number: 65-0466981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONTALVO, GALO
4794 WITCH LN
LAKE WORTH, FL 33461 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: PVPT ( ) Delete
Name: MONTVALO, GALO
Address: 4794 WITCH LANE
City-St-Zip: LAKE WORTH, FL

Title: SQ ( ) Delete
Name: MONTVALO, ROSSMERI
Address: 4794 WITCH LANE
City-St-Zip: LAK WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPT (X) Change ( ) Addition
Name: MONTVALO, GALO
Address: 4794 WITCH LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: SQ (X) Change ( ) Addition
Name: MONTVALO, ROSSMERI
Address: 4794 WITCH LANE
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GALO MONTALVO PVPT 04/16/2004

Electronic Signature of Signing Officer or Director Date