## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000080727

FILED Jan 10, 2007 Secretary of State

Entity Name: AFFORDABLE ALARM AND MONITORING, INC.

Current Principal Place of Business:		ce of Business:	New Principal Place of Business:	
	TA BARBAR	A BLVD		
UITE A-E IAPLES, I	S FL 34116	US		
urrent M	lailing Addr	ess:	New Mailing Addres	s:
	RIDGE ROA	AD.		
98 IAPLES, I	FL 34119	US		
El Number:	: 65-0533444	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
		A BLVD		
	FL 34116 U	5		
APLES, f he above			ourpose of changing its registere	ed office or registered agent, or both,
APLES, f he above	named entit e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
APLES, I he above the State	e named entit e of Florida. RE:			ed office or registered agent, or both,  Date
APLES, I he above the State	named entite of Florida. RE: Electr	y submits this statement for the		
APLES, I he above the State IGNATUI lection Car	named entite of Florida. RE: Electr	y submits this statement for the point on the point on the point on the point on the point of th	ent	
APLES, I he above the State IGNATUI lection Car	e named entite of Florida.  RE: Electr mpaign Finance S AND DIRE	y submits this statement for the point Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ( ) Delete NTHONY V NAL DRIVE	ent	Date
APLES, I he above the State IGNATUR ection Car FFICER: tte: ame: ddress:	e named entite of Florida.  RE:	onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS: ( ) Delete NTHONY V NAL DRIVE 34797 ( ) Delete PATRICIA L AL DRIVE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: JOHN P. TOSCANO VP 01/10/2007