2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047694

City-St-Zip:

PORT CHARLOTTE, FL 33954

FILED Jul 07, 2004 Secretary of State

Entity Name: ULTIMATE SECURITY ALARMS, INC.		
Current Principal Place of Business:	New Principal Place of Business:	
18350 PAULSON DR., #A-4 PT CHARLOTTE, FL 33954		
Current Mailing Address:	New Mailing Address:	
PO BOX 494267 PT. CHARLOTTE, FL 33949		
FEI Number: 65-0590349 FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desi	ired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
KISS, SANDOR 3189 NORMANDY DRIVE PT. CHARLOTTE, FL 33952 US		
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agen	t, or both,
SIGNATURE:		
Electronic Signature of Registered Ag	gent Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did r Election Campaign Financing Trust Fund Contribution().	not receive the prior notice.	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS:
Title: P () Delete Name: BRANNO, ROBERT J Address: 1973 BLUEBIRD AVE	Title: P/T (X) Change () Addition Name: BRANNO, ROBERT J Address: 1973 BLUEBIRD AVE	

NORTH PORT, FL 34286 NORTH PORT, FL 34286 City-St-Zip: City-St-Zip: () Delete Title: VP/S (X) Change () Addition KISS, SANDOR Name: Name: KISS, SANDOR Address: 3189 NORMANDY DRIVE Address: 3189 NORMANDY DRIVE PT. CHARLOTTE, FL 33952 PT. CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: WILDER, JAMÉS R Name: Address: 431 PERL ST Address:

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.

City-St-Zip:

SIGNATURE: ROBERT J. BRANNO P/T 07/07/2004