2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # P95000069068** 1. Entity Name A & C ALARM SYSTEM, INC. Principal Place of Business Mailing Address PO BOX 110195 PO BOX 110195 HIALEAH, FL 33011 US HIALEAH, FL 33011 US 04042007 CR2E034 (11/05) No Cho-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0616209 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARDOSO, EDILBERTO DO NOT WRITE 34 E 21 STREET APT#2 IN THIS SPACE HIALEAH, FL 33010 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE CARDOSO, EDILBERTO NAME 5731 NW 37 ST 316 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33166 TITLE U00000699570 04/19/07-80047-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 186385

FILED