

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084820

FILED
Apr 21, 2005
Secretary of State

Entity Name: ALERT - 1 SECURITY SYSTEMS, INC.

Current Principal Place of Business:

2170 WEST 73TH STREET
HIALEAH, FL 33016

New Principal Place of Business:

8139 NW 66 STREET
MIAMI, FL 33166

Current Mailing Address:

2170 WEST 73TH STREET
HIALEAH, FL 33016

New Mailing Address:

8139 NW 66 STREET
MIAMI, FL 33166

FEI Number: 65-0631940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, EDWIN G
300 SW 167 AVE
PEMBROKE PINES, FL 33025 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: PD () Delete
Name: ROSE, EDWIN G
Address: 300 SW 167 AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: MANALIO, KEITH
Address: 19983 SW 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EDWIN G ROSE

PD

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date