

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000092600

Entity Name: UNITED ALARM, INC.

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

111 SPRING ST.
SUTIE A
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 37315
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-3414109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, RUSSELL S
7820 HUNTERS LAKE CIR. N.
JACKSONVILLE, FL 32210 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: RUSSELL S. HINSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WATSON, JOHN K
Address: 12486 ATUMNBROOK TR E
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP (X) Delete
Name: WATSON, CHARLES
Address: PO BOX 407
City-St-Zip: WELLBORN, FL 32094

Title: P (X) Delete
Name: HINSON, RUSSELL
Address: 7820 HUNTERS LAKE CIR NO
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VARGAS, ANA LEIDA
Address: 1475 WEST 46 ST APT: 306
City-St-Zip: HIALEAH, FL 33012 US

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 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: ANA LEIDA VARGAS

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date