


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90046 002 \*\*\*150.00

<b>DOCUMENT # P97000088415</b>			
1. Entity Name <b>NATIONAL ALARM SYSTEMS, INC.</b>			
Principal Place of Business <b>2101 N ANDREWS AVE STE 206 FORT LAUDERDALE, FL 33311</b>		Mailing Address <b>P O BOX 9754 CORAL SPRINGS, FL 33075</b>	
2. Principal Place of Business <b>2745 W. Cypress Creek Rd</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite A</b>		Suite, Apt. #, etc.	
City & State <b>Ft Lauderdale, FL</b>		City & State	
Zip <b>33309</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>SWAYMAN, ROBERT 2101 N ANDREWS AVE STE 206 FORT LAUDERDALE, FL 33311</b>		7. Name and Address of New Registered Agent Name <b>Swayman Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>2745 W. Cypress Creek Rd - Suite A</b> City <b>Ft Lauderdale</b> <b>FL</b> Zip Code <b>33309</b>	
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 <b>Robert Swayman</b> <b>Robert Swayman Director</b> <b>01/25/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAYMAN, ROBERT 2101 ANDREWS STE 206 FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swayman, Robert 2745 W. Cypress Creek Rd, Suite A Ft Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUSER, MICHAEL 2101 ANDREW STE 206 FORT LAUDERDALE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brauser, Michael 2745 W. Cypress Creek Rd, Suite A Ft Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Robert Swayman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>01/25/05</b> <b>954-384-4800</b> <small>Date Daytime Phone #</small>	

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01102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0801915**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**