

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107338

FILED
Jan 05, 2006
Secretary of State

Entity Name: ALARM PLUS, INC.

Current Principal Place of Business:

7161 TAFT STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 1311
HALLANDALE, FL 33008 US

New Mailing Address:

FEI Number: 52-2075940 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SANDS, LEONARD A ESQ
3225 AVIATION AVENUE, SUITE 300
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

ZALKIND, ROSTISLAVE ESQ
1850 S. OCEAN DRIVE
#605
HALLANDALE, FL 33009 US

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: ROSTISLAVE ZALKIND 01/05/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZALKIND, BORIS
Address: 7161 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: T () Delete
Name: ZALKIND, JANNA
Address: 7161 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

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 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: BORIS ZALKIND D 01/05/2006
Electronic Signature of Signing Officer or Director Date