

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010467

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** ALWAYS SECURE ALARM PROTECTION, INC.

**Current Principal Place of Business:**

13244 COMPTON ROAD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

1128 ROYAL PALM BEACH BLVD  
#162  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 65-0810928      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, WILLIAM J ATTY  
1818 S AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33409 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: HOSFORD, JOSEPH  
Address: 13244 COMPTON ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DV ( ) Delete  
Name: HOSFORD, ELIZABETH  
Address: 13244 COMPTON ROAD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DV ( ) Delete  
Name: CANAVAN, KEITH  
Address: 584 SANTA CLARA TRAIL  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ELIZABETH HOSFORD

DV

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date