2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010467

Address:

City-St-Zip:

584 SANTA CLARA TRAIL

WELLINGTON, FL 33414

ALVAZANO OFOLIDE ALADM DEOTEOTIONI, INIC

FILED Apr 30, 2007 Secretary of State

Entity Nan	ne: ALWAYSS	ECURE	ALARM PROTECTION	ON, INC.		
Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:	
	MPTON ROAD CHEE, FL 33470	0 US				
Current Mailing Address:				New Mailing Add	New Mailing Address:	
1128 ROYA #162	AL PALM BEACH	H BLVD				
	LM BEACH, FL	33411	US			
FEI Number:	65-0810928	FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:	
WALLACE, WILLIAM J ATTY 1818 S AUSTRALIAN AVENUE WEST PALM BEACH, FL 33409 US				115 NW 11TH AVE	WALLACE, WILLIAM J ATTY 115 NW 11TH AVENUE OKEECHOBEE, FL 34972 US	
The above in the State		bmits thi	s statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:					04/30/2007	
	Electronic	Signatu	re of Registered Age	nt	Date	
Election Can	npaign Financing T	rust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DO HOSFORD, JOSE 13244 COMPTON LOXAHATCHEE, F	PH I ROAD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () DO HOSFORD, ELIZA 13244 COMPTON LOXAHATCHEE, F	ABETH I ROAD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DV (X) D CANAVAN, KEITH			Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ELIZABETH HOSFORD 04/30/2007 DV