2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010626

Entity Name: DELTA ALARM PRODUCTS, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Principal Place of Business:

7165 S.W. 44 STREET 4022 SW 154 COURT MIAMI, FL 33155 MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

7165 S.W. 44 STREET 4022 SW 154 COURT MIAMI, FL 33155 MIAMI, FL 33185

FEI Number: 65-0829380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 JOSE, TORRES A
 JOSE, QUINTERO

 7165 S.W. 44 STREET
 4022 SW 154 COURT

 MIAMI, FL 33155
 US

 MIAMI, FL 33185
 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: JOSE QUINTERO 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: P (X) Change () Addition

 Name:
 TORRES, JOSE A
 Name:
 QUINTERO, JOSE

 Address:
 7165 S.W. 44 STREET
 Address:
 4022 SW 154 COURT

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33185

 Name:
 QUINTERO, MARTA
 Name:
 TORRES, JOSE

 Address:
 7165 S.W. 44 STREET
 Address:
 4022 SW 154 COURT

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33185

 Name:
 QUINTERO, ANGELA
 Name:
 QUINTERO, MARTA

 Address:
 7165 S.W. 44 STREET
 Address:
 4022 SW 154 COURT

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33185

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 QUINTERO, ÀNGELA

 Address:
 Address:
 4022 SW 154 COURT

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33185

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.

SIGNATURE: JOSE QUINTERO P 04/15/2009