


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90016 032 \*\*\*158.75

|   |  |     |   |  |  |
|---|--|-----|---|--|--|
| <b>DOCUMENT # P98000098508</b>  |  |     |   |   |  |
| 1. Entity Name<br><b>ACCESS ALARM &amp; SECURITY SYSTEMS OF FLORIDA, INC.</b>   |  |     |   |  |  |
| Principal Place of Business<br>1125 OLD DIXIE HIGHWAY<br>#7<br>LAKE PARK FL 33403   |  |     | Mailing Address<br>1125 OLD DIXIE HIGHWAY<br>#7<br>LAKE PARK FL 33403 |  |  |
| 2. Principal Place of Business - No P.O. Box #  |  |     | 3. Mailing Address<br><i>1310 Peninsular Rd No</i>                    |  |  |
| Suite, Apt. #, etc.   |  |     | Suite, Apt. #, etc.   |  |  |
| City & State  |  |     | City & State<br><i>Jupiter FL</i>                                     |  |  |
| Zip   | Country  | Zip | Country   | <i>33469 AB Co.</i>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BATUS, BONNIE<br/>1310 PENINSULAR RD<br/>JUPITER FL 33469</b>   |  |     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____                                      |  |     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PRES<br>BATUS, FRANK<br>1310 PENINSULAR ROAD NORTH<br>JUPITER FL 33469 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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1st MOORE CR2E034 (10/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number <b>65-0881720</b>                                      | Applied For                           |
|  | Not Applicable                        |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/7/07*

Date

Daytime Phone #