2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# P99000012726

Entity Name: ASSOCIATED MONITORING SERVICES, INC.

Current Principal Place of Business:

522 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

PO BOX 37267
JACKSONVILLE, FL 322367267

New Mailing Address:

FEI Number: 59-3556786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARTER, WANDA
522 STOCKTON STREET
JACKSONVILLE, FL 32204 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: P ( ) Delete
Name: OKTEM, DONNA
Address: 522 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete
Name: RATAJCZYK, ANDRZEJ
Address: 522 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: T ( ) Delete
Name: CARTER, WANDA
Address: 522 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOLINARO, DONNA
Address: 522 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: V (X) Change ( ) Addition
Name: PARYANI, NITESH
Address: 522 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL 32202

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: WANDA CARTER T 01/23/2007

Electronic Signature of Signing Officer or Director Date