


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90322 029 \*\*\*150.00

<b>DOCUMENT # P99000034526</b> 1. Entity Name <b>ALARM TECHNOLOGY, INC.</b>					
Principal Place of Business <b>263 SANTA ROSA DRIVE</b> <b>WINTER HAVEN, FL 33884</b>			Mailing Address <b>PO BOX 1511</b> <b>WINTER HAVEN, FL 33882</b>		
2. Principal Place of Business <b>529 Coleman Drive, W.</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Winter Haven, FL</b>			City & State		
Zip <b>33884</b>		Country <b>USA</b>		4. FEI Number <b>59-3574492</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>BRIGANTE, ANDREW M</b> <b>263 SANTA ROSA DRIVE</b> <b>WINTER HAVEN, FL 33884</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>529 Coleman Drive, W.</b> City <b>Winter Haven</b>	
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.				DATE <b>4-15-05</b>	
SIGNATURE: <i>S. Brigante</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGANTE, ANDREW M 263 SANTA ROSA DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>529 Coleman Drive, W.</b> <b>Winter Haven, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGANTE, MAUREEN 263 SANTA ROSA DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>529 Coleman Drive, W.</b> <b>Winter Haven, FL 33884</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGANTE, ANDREW J 228 ESCAMBIA DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGANTE, STACY L 228 ESCAMBIA DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, WILLIAM F P.O. BOX 1511 WINTER HAVEN, FL 338821511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>S. Brigante</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-15-05</b>	
				Daytime Phone # <b>863-324-8548</b>	