2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# P99000034526

Entity Name: ALARM TECHNOLOGY, INC.

Current Principal Place of Business:

529 COLEMAN DR W
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

228 ESCAMBIA DRIVE
WINTER HAVEN, FL 33884 US

Current Mailing Address:

PO BOX 1511
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-3574492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRIGANTE, ANDREW M
529 COLEMAN DR W
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

BRIGANTE, ANDREW M
228 ESCAMBIA DRIVE
WINTER HAVEN, FL 33884 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: S BRIGANTE 03/22/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BRIGANTE, ANDREW M
Address: 529 COLEMAN DR W
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Delete
Name: BRIGANTE, MAUREEN
Address: 529 COLEMAN DR W
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: BRIGANTE, ANDREW J
Address: 228 ESCAMBIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: BRIGANTE, STACY L
Address: 228 ESCAMBIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Delete
Name: BISHOP, WILLIAM F
Address: P.O. BOX 1511
City-St-Zip: WINTER HAVEN, FL 338821511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: BRIGANTE, ANDREW J
Address: 228 ESCAMBIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: P (X) Change ( ) Addition
Name: BRIGANTE, STACY L
Address: 228 ESCAMBIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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: S BRIGANTE P 03/22/2007
Electronic Signature of Signing Officer or Director Date