

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79815

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: UNITED TELECOMMUNICATIONS & ALARMS, INC.

**Current Principal Place of Business:**

14395 SW 139 COURT  
SUITE 103  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1006  
BUNNELL, FL 32110 US

**New Mailing Address:**

FEI Number: 65-0388829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRAKASH, RAJ  
9534 SW 143 CT.  
MIAMI, FL 33186 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: D ( ) Delete  
Name: FYFFE, RUDOLPH C  
Address: 66 N LAKE WALK DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: FYFFE, ANGELA P  
Address: 66 N LAKE WALK DR  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ANGELA FYFFE

VP

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date