2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# S97964

Entity Name: PROTECT-ALERT EMERGENCY RESPONSE SYSTEMS, INC.

Current Principal Place of Business:

299 LORAINE DR.
1001
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 160035
ALTAMONTE SPRINGS, FL 32716035 US

New Mailing Address:

P O BOX 160035
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-3093952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAAS, STEVEN D.
299 LORAINE DR. STE. 1001
ALTAMONTE SPRINGS, FL 32714 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: HAAS, STEVEN D.,
Address: 299 LORAINE DR. STE. 1001
City-St-Zip: ALTAMONTE SPRGS, FL 32714 US

Title: DVS ( ) Delete
Name: MASTERSON, JOAN
Address: 299 LORAINE DR., STE 1001
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: HAAS, STEVEN D.,
Address: PO BOX 160035
City-St-Zip: ALTAMONTE SPRGS, FL 32716 US

Title: DVS (X) Change ( ) Addition
Name: MASTERSON, JOAN
Address: PO BOX 160035
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN D HAAS PRES 07/01/2005

Electronic Signature of Signing Officer or Director Date