

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S97964

FILED  
Jan 07, 2012  
Secretary of State

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

**Current Principal Place of Business:**

370 NORTHLAKE BLVD.  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

820 S. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

P O BOX 160035  
ALTAMONTE SPRINGS, FL 32716 US

**New Mailing Address:**

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

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

HAAS, STEVEN D  
370 NORTHLAKE BLVD.  
SUITE 1000  
ALTAMONTE SPRINGS, FL 32701 US

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

HAAS, STEVEN D  
820 S. RONALD REAGAN BLVD.  
LONGWOOD, FL 32750 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:

Electronic Signature of Registered Agent

01/07/2012

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** HAAS, STEVEN D  
**Address:** PO BOX 160035  
**City-St-Zip:** ALTAMONTE SPRGS, FL 32716 US

**Title:** DVS  
**Name:** MASTERSON, JOAN  
**Address:** PO BOX 160035  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32716 US

I hereby 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 all other like empowered.

SIGNATURE: STEVEN D HAAS

PRES

01/07/2012

Electronic Signature of Signing Officer or Director

Date