


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000001536</b> 1. Entity Name <b>SECURETECH SYSTEMS, INC.</b>	
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Principal Place of Business <b>4100 AMON CARTER BLVD # 100 FORT WORTH, TX 76155</b>	Mailing Address <b>4100 AMON CARTER BLVD # 100 FORT WORTH, TX 76155</b>
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06302005 No Chg-P CR2E034 (10/03)

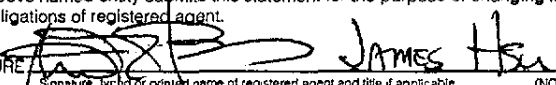
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2551428</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE  **JAMES HSU**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V KIRBY, STEVE 2325 VALLEY VIEW DR. CEDAR HILL, TX 75104</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P HSU, JAMES 5709 EASTMAN DRIVE PLANO, TX 73093</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V VANACKER, FRED 7507 BRADFORD PEAR DR IRVING, TX 75063</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V JACOBS, DAVE 7706 WINDMERE COURT IRVING, TX 75063</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000372913  
07/15/05-80002-010 158.75

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:  **JAMES HSU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/5/05** **817-869-0569**  
Date Daytime Phone