2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT. # F02000001536

1. Entity Name

SECURETECH SYSTEMS, INC.



Principal Place of Business

4100 AMON CARTER BLVD

100 FORT WORTH, TX 76155 Mailing Address

4100 AMON CARTER BLVD

100

FORT WORTH, TX 76155

FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90272 011 ***158.75

60027240



DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2551428

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324

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8.	The above named entity submits this statement for the purpose of changing its registered office or registe	ered agent, or both		and accept
	the obligations of registered agent.	-		•

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE 18 \$150.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

AILUI MI	ay 1, 2000 Fee Will be \$550.00			
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRBY, STEVE 2325 VALLEY VIEW DR. CEDAR HILL, TX 75104	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HSU, JAMES 5709 EASTMAN DRIVE PLANO, TX 73093			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANACKER, FRED 7507 BRADFORD PEAR DR IRVING, TX 75063			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, DAVE 7706 WINDMERE COURT IRVING, TX 75063			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Deytme Phone #