


**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90426 012 \*\*\*150.00

**2007 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Kimberly Baggett</i> <b>Kimberly Baggett</b> Assistant Secretary <small>(Signature, typed or printed name of registered agent or, if applicable, (NOTE: Registered Agent signature required when reconstituting) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete NAME KIRBY, STEVE STREET ADDRESS 2325 VALLEY VIEW DR. CITY-ST-ZIP CEDAR HILL, TX 75104	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P <input type="checkbox"/> Delete NAME HSU, JAMES STREET ADDRESS 5709 EASTMAN DRIVE CITY-ST-ZIP PLANO, TX 73083	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> Delete NAME VANACKER, FRED STREET ADDRESS 7507 BRADFORD PEAR DR CITY-ST-ZIP IRVING, TX 75063	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input checked="" type="checkbox"/> Delete NAME JACOBS, DAVE STREET ADDRESS 7708 WINDMERE COURT CITY-ST-ZIP IRVING, TX 75063	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>[Signature]</i>		Date: 4/27/07 817-869-0569	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01052007 Chg-P CR2E034 (12/06)

4. FEI Number 75-2551428 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required