


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F06877
 1. Entity Name
BURGLAR PROTECTION SYSTEMS, INC.



Principal Place of Business 22187 S W 59TH AVE C/O JAMES KERTZ BOCA RATON, FL 33428	Mailing Address 22187 S W 59TH AVE C/O JAMES KERTZ BOCA RATON, FL 33428
--	--

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2042226	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERTZ, JAMES
 22187 S.W. 59TH AVENUE
 BOCA RATON, FL 33428

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERTZ, JAMES KARL 22187 SW 59TH AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KERTZ, LAURA E. 22187 SW 59TH AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERTZ, LAURA E. 22187 SW 59TH AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000774509
01/07/08-80017-019 158.75

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: James K Kertz **1/04/08** **561-482-4551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #