

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J71100

**FILED**  
**Jan 26, 2007**  
**Secretary of State**

**Entity Name:** DEPENDABLE SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

10845 N.E. 10TH PLACE  
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610626  
NORTH MIAMI, FL 332610626 US

**New Mailing Address:**

**FEI Number:** 65-0005226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUVA, ANTHONY  
10845 N.E. 10TH PLACE  
MIAMI, FL 33161 US

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

DUVA, ANTHONY - PRES  
10845 N.E. 10TH PLACE  
MIAMI, FL 33161 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: ANTHONY DUVA

01/26/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: DUVA, ANTHONY,  
Address: 10845 N.E. 10TH PLACE  
City-St-Zip: MIAMI, FL 331617303 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DUVA, ANTHONY - PRES  
Address: 10845 N.E. 10TH PLACE  
City-St-Zip: MIAMI, FL 331617303 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY DUVA

PRES

01/26/2007

Electronic Signature of Signing Officer or Director

Date