

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74850

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: BUZZ-OFF ALARM SYSTEMS, INC.

**Current Principal Place of Business:**

7212 N. DALE MABRY HWY.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

7212 N. DALE MABRY HIGHWAY  
TAMPA, FL 33614 US

**Current Mailing Address:**

7212 N DALE MABRY HWY.  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-3020667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEHRER, ANDREW MARK  
3520 N PERRY AVE  
TAMPA, FL 33603 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEHRER, ANDREW MARK,  
Address: 3520 N PERRY AVE  
City-St-Zip: TAMPA, FL

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

Title: PRES (X) Change ( ) Addition  
Name: LEHRER, ANDREW MARK,  
Address: 3520 N PERRY AVE  
City-St-Zip: TAMPA, FL

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW LEHRER

PRES

04/06/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date