2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96480

FILED Apr 20, 2009 Secretary of State

Entity Name: AMERICAN PERIMETER SECURITY, INC.

Current Principal Place of Business: New Principal Place of Business: 408 N. KIRKMAN ROAD ORLANDO, FL 32811 **Current Mailing Address: New Mailing Address:** P.O. BOX 618458 ORLANDO, FL 32861 US FEI Number: 59-2853491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARTKO, DREW WARTKO, DREW T MR 6312 BUFORD STREET 6312 BUFORD STREET US ORLANDO, FL 32835 US ORLANDO, FL 32835 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: DREW WARTKO 04/20/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WARTKO, DREW Name: Name: WARTKO, DREW T MR 2454 LAKE DEBRA DR, 1-104 P.O. BOX 618458 Address: Address: City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: ORLANDO, FL 32861 US VΡ Title: Title: () Delete () Change () Addition FABIAN, JOSEPH Name: Name: 278 HUNT STREET Address: Address: CLERMONT, FL 32711 US City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition WARTKO, DREW T Name: Name: P.O. BOX 618458 Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32861 Title: () Delete Title: **TRES** () Change (X) Addition WARTKO, DREW T Name: Name: Address: Address: P.O. BOX 618458 City-St-Zip: City-St-Zip: ORLANDO, FL 32861 Title: Title: CFO () Change (X) Addition () Delete Name: Name: WARTKO, DREW T Address: Address: P.O. BOX 618458 City-St-Zip: City-St-Zip: ORLANDO, FL 32861 Title: () Delete Title: CEO () Change (X) Addition Name: Name: DREW WARTKO P.O. BOX 618458 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32861

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.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida

SIGNATURE: DREW WARTKO PST 04/20/2009 Date