

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96480

FILED  
Apr 02, 2010  
Secretary of State

Entity Name: AMERICAN PERIMETER SECURITY, INC.

**Current Principal Place of Business:**

408 N. KIRKMAN ROAD  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 618458  
ORLANDO, FL 32861 US

**New Mailing Address:**

FEI Number: 59-2853491      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WARTKO, DREW T MR  
6312 BUFORD STREET  
ORLANDO, FL 32835 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: PST  
Name: WARTKO, DREW T MR  
Address: P.O. BOX 618458  
City-St-Zip: ORLANDO, FL 32861 US

Title: VP  
Name: FABIAN, JOSEPH  
Address: 278 HUNT STREET  
City-St-Zip: CLERMONT, FL 32711 US

Title: SEC  
Name: WARTKO, DREW T  
Address: P.O. BOX 618458  
City-St-Zip: ORLANDO, FL 32861

Title: TRES  
Name: WARTKO, DREW T  
Address: P.O. BOX 618458  
City-St-Zip: ORLANDO, FL 32861

Title: CFO  
Name: WARTKO, DREW T  
Address: P.O. BOX 618458  
City-St-Zip: ORLANDO, FL 32861

Title: CEO  
Name: DREW WARTKO  
Address: P.O. BOX 618458  
City-St-Zip: ORLANDO, FL 32861

I hereby 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 all other like empowered.

SIGNATURE: DREW WARTKO

PRES

04/02/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date