

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000018822

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FEDERAL FIRE ALARM AND SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

904 DUNCAN AVE.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

904 DUNCAN AVE.  
KISSIMMEE, FL 34744

**New Mailing Address:**

P.O. BOX 451256  
KISSIMMEE, FL 34745

**FEI Number:** 59-3626344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, BART  
231 BURNING TREE DRIVE  
KISSIMMEE, FL 34743 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: HILL, BART  
Address: 231 BURNING TREE DR.  
City-St-Zip: KISSIMMEE, FL 34743

Title: D  
Name: HILL, ELIZABETH  
Address: 231 BURNING TREE DR.  
City-St-Zip: KISSIMMEE, FL 34743

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: BART HILL

PSTD

04/29/2011

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

\_\_\_\_\_  
Date