

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127598

FILED
Feb 06, 2009
Secretary of State

Entity Name: B AND G FIRE PROTECTION INC.

Current Principal Place of Business:

17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

375 N. STEPHANIE STREET
SUITE 14
HENDERSON, NV 89014

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANSELL, DOUG
Address: 375 N. STEPHANIE STREET, SUITE 1411
City-St-Zip: HENDERSON, NV 89014 US

Title: S () Delete
Name: ANSELL, DOUG
Address: 375 N. STEPHANIE STREET, SUITE 1411
City-St-Zip: HENDERSON, NV 89014 US

Title: T () Delete
Name: ANSELL, DOUG
Address: 3155 EAST PATRICK LANE, SUITE 1
City-St-Zip: LAS VEGAS, NV 89120 US

Title: D () Delete
Name: ANSELL, DOUG
Address: 375 N. STEPHANIE STREET, SUITE 1411
City-St-Zip: HENDERSON, NV 89014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUG ANSELL

PRES

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date