


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F29794

1. Entity Name
PROTECT-O-LARMS, INC.



Principal Place of Business
**1123 SOUTH 21ST AVE.
HOLLYWOOD FL 33020-6935**

Mailing Address
**PO BOX 221645
HOLLYWOOD FL 33022**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-2084438**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROBIN, SUSAN K.
2111 NE 211 ST
NO. MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
VP	ROBIN, BERNARD H. 2111 NE 211 STREET N. MIAMI BCH FL		
VP	ROBIN, EDITH 9670 NW 39 COURT COOPER CITY FL 33024		

U00000491196
04/19/06-80011-024 150.00

I certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information reported or supplemental reports are true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in attachment with an address with all other like empowered.

[Signature] V.P. **EDITH ROBIN** 4/1/06 954 921 2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #