


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000003726 1. Entity Name SPECIAL DEFENDERS, INC.	
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Principal Place of Business 1500 S SEMORAN BLVD ORLANDO, FL 32807	Mailing Address 1500 S SEMORAN BLVD ORLANDO, FL 32807
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**DO NOT WRITE IN THIS SPACE**

01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3194916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, LUIS F  
1500 S SEMORAN BLVD  
ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, LUIS F SR 1500 S SEMORAN BLVD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, LUIS F JR 1500 S SEMORAN BLVD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ-RODRIGUEZ, MILAGROS 1500 S SEMORAN BLVD ORLANDO, FL 32807
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04/18/05-80062-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 4/12/05 Daytime Phone #: 407-273-0224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR