2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P04000102425

Entity Name: CERTIFIED PROTECTIVE SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2211 MUD LAKE RD
PLANT CITY, FL 33566

New Principal Place of Business:

1214 ROCKHAMPTON LANE
DOVER, FL 33527

Current Mailing Address:

POST OFFICE BOX 1422
DOVER, FL 33527

New Mailing Address:

FEI Number: 20-1234344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHILLIPS, JASON T
2211 MUD LAKE RD
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

PHILLIPS, JASON T
1214 ROCKHAMPTON LANE
DOVER, FL 33527 US

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: 04/17/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDTS ( ) Delete
Name: PHILLIPS, JASON T
Address: 2211 MUD LAKE RD.
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition
Name: PHILLIPS, JASON T
Address: 1214 ROCKHAMPTON LANE
City-St-Zip: DOVER, FL 33527

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: JASON T. PHILLIPS PDTS 04/17/2008
Electronic Signature of Signing Officer or Director — Date