

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012945

FILED
Apr 18, 2007
Secretary of State

Entity Name: LOSS CONTROL TECHNOLOGIES, INC.

Current Principal Place of Business:

7765 LAKE WORTH RD
PMB 321
LAKE WORTH, FL 33467

New Principal Place of Business:

27 KENT B
WEST PALM BEACH, FL 33417

Current Mailing Address:

7765 LAKE WORTH RD
PMB 321
LAKE WORTH, FL 33467

New Mailing Address:

27 KENT B
WEST PALM BEACH, FL 33417

FEI Number: 13-3396831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL 33134 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 ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPELLMAN, H. JOHN
Address: 7765 LAKE WORTH RD, PMB 321
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPELLMAN, H. JOHN
Address: 27 KENT B
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the 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: H JOHN SPELLMAN

PRES

04/18/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date