2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551057

Entity Name: UNITED SERVICE PROTECTION, INC.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 CARILLON PKWY STE 300 SAINT PETERSBURG, FL 33716 **New Mailing Address: Current Mailing Address:** PO BOX 159 SANDHILL, MS 39161 FEI Number: 59-1794848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ANDERSON, MICHAEL D Name: Name: ANDERSON, MICHAEL D 400 CARILLON PARKWAY, STE. 300 400 CARILLON PARKWAY, STE. 300 Address: Address: City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: ST PETERSBURG, FL 33716 DCEO Title: Title: () Delete () Change () Addition Name: LAMNIN, ADAM D Name: 11222 QUAIL ROOST DR. Address: Address: MIAMI, FL 33157 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete VILLANUEVA, HECTOR HOLLINGSWORTH, PATRICIA Name: Name: 11222 QUAIL ROOST DR 400 CARILLON PARKWAY, STE 300 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: ST. PETERSBURG, FL 33716 Title: **DVPS** () Delete Title: **VPAS** (X) Change () Addition HEGGEN, ARTHUR W HEGGEN, ARTHUR W Name: Name: Address: 11222 QUAIL ROOST DR Address: 11222 QUAIL ROOST DR City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 Title: Title: () Delete () Change (X) Addition ARAGON-CRUZ, JEANNIE AMY Name: Name: Address: 11222 QUAIL ROOST DRIVE Address: City-St-Zip: City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: () Change (X) Addition ERDEMAN, JOSEPH Name: Name: 260 INTERSTATE NORTH CIRCLE, SE Address: Address: City-St-Zip: City-St-Zip: ATLANTA, GA 30339

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: JEANNIE ARAGON-CRUZ S 01/11/2008