2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# 551057

Entity Name: UNITED SERVICE PROTECTION, INC.

Current Principal Place of Business:

400 CARILLON PKWY
STE 300
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

PO BOX 159
SANDHILL, MS 39161

New Mailing Address:

FEI Number: 59-1794848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DVP ( ) Delete
Name: ANDERSON, MICHAEL D
Address: 400 CARILLON PARKWAY, STE. 300
City-St-Zip: ST PETERSBURG, FL 33716

Title: DCEO ( ) Delete
Name: LAMNIN, ADAM D
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete
Name: HOLLINGSWORTH, PATRICIA
Address: 400 CARILLON PARKWAY, STE 300
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VPAS ( ) Delete
Name: HEGGEN, ARTHUR W
Address: 11222 QUAIL ROOST DR
City-St-Zip: MIAMI, FL 33157

Title: VPS ( ) Delete
Name: ARAGON-CRUZ, JEANNIE AMY
Address: 11222 QUAIL ROOST DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: ERDEMAN, JOSEPH
Address: 260 INTERSTATE NORTH CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ATKINSON, JAMES R
Address: 260 INTERSTATE NORTH CIRCLE, SE
City-St-Zip: ATLANTA, GA 30339

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change ( ) Addition
Name: MOAK, ALAN
Address: 400 CARILLON PARKWAY, STE 300
City-St-Zip: ST. PETERSBURG, FL 33716

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 VPS 02/27/2009

Electronic Signature of Signing Officer or Director — Date