

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90128 003 ***150.00

DOCUMENT # F0300000699
 1. Entity Name
AMWAY EXECUTIVE PROTECTION, INC.



Principal Place of Business Mailing Address
 7575 FULTON STREET 7575 FULTON STREET
 EAST ADA, MI 49355 EAST ADA, MI 49355

50051748



2. Principal Place of Business 3. Mailing Address
 7575 Fulton St E 7575 Fulton St E
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04272005 Chg-P CR2E034 (10/03)

City & State City & State
 Ada, MI 49355 Ada, MI 49355
 Zip Country Zip Country

4. FEI Number Applied For
 38-3369186 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code FL

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VIVEEN, WILLIAM J JR. 7575 E. FULTON RD ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS MOHR, MICHAEL A 7575 E. FULTON RD ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MITCHELL, KIM S 7575 E. FULTON RD ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WITCHER, CRAIG V 7575 E. FULTON RD ADA, MI 49355 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7575 Fulton St E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 report 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 607, 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: Craig V. Witcher Asst. Treasurer 4/27/05 (616) 787-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #