2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000699

City-St-Zip:

ADA, MI 49355

Entity Name: AMWAY EXECUTIVE PROTECTION, INC.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7575 FULTON STREET EAST EAST ADA, MI 49355 **Current Mailing Address: New Mailing Address:** 7575 FULTON STREET EAST EAST ADA, MI 49355 FEI Number: 38-3369186 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 VIVEEN, WILLIAM J JR. Name: Name: WITCHER, CRAIG V 7575 FULTON STREET EAST 7575 FULTON STREET EAST Address: Address: City-St-Zip: ADA, MI 49355 City-St-Zip: ADA, MI 49355 Title: DVPS Title: () Delete () Change () Addition Name: MOHR, MICHAEL A Name: 7575 FULTON STREET EAST Address: Address: City-St-Zip: ADA, MI 49355 City-St-Zip: Title: Title: DAS () Delete () Change () Addition MITCHELL, KIM S Name: Name: 7575 FULTON STREET EAST Address: Address: City-St-Zip: ADA, MI 49355 City-St-Zip: Title: (X) Delete Title: () Change () Addition WITCHER, CRAIG V Name: Name: Address: 7575 FULTON STREET EAST Address:

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.

City-St-Zip:

SIGNATURE: CRAIG V. WITCHER PTD 04/19/2006