2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003673

Entity Name: UNITED SERVICE PROTECTION (DELAWARE) CORPORATION

FILED Feb 18, 2009 Secretary of State

Current Pri	incipal Place	of Business:	New Princi	New Principal Place of Business:	
400 CARILLON PARKWAY, SUITE 300 ST. PETERSBURG, FL 33716					
Current Mailing Address:			New Mailir	New Mailing Address:	
P. O. BOX 159 SAND HILL, MS 39161					
FEI Number:	64-0906751	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: AE			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () I LAMNIN, ADAM 11222 QUAIL RC MIAMI, FL 3315		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (X) I HEGGEN, ARTHU 11222 QUAIL RO MIAMI, FL 3315	OOST DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I ARAGON-CRUZ, 11222 QUAIL RC MIAMI, FL 3315	POST DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HOLLINGSWOR	PARKWAY, STE 300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANDERSON, MIC	PARKWAY, SUITE 300	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition ATKINSON, JAMES R 260 INTERSTATE NORTH CIRCLE, SE ATLANTA, GA 30339	
Title: Name: Address: City-St-Zip:	ERDEMAN, JOSI	E NORTH CIRCLE, SE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ERDEMAN, JOSEPH 260 INTERSTATE NORTH CIRCLE, SE 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: NANCY L. JOHNSTON VP 02/18/2009