

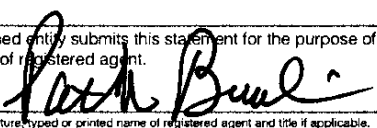
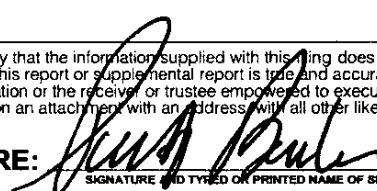


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90214 023 ***150.00

DOCUMENT # F04000007238 1. Entity Name AAA - ALLSTATE INVESTIGATIONS & PROTECTION SERVICES, INC.					
Principal Place of Business 2606 EAST 15TH STREET SUITE 202 BROOKLYN, NY 11235			Mailing Address P.O. BOX 350044 BROOKLYN, NY 11235		
2. Principal Place of Business 1610 Sheepshead Bay Rd Suite, Apt. #, etc. Suite 202 City & State Brooklyn, NY Zip 11235		3. Mailing Address Same. P.O. Box 350044 Suite, Apt. #, etc. City & State Brooklyn NY Zip 11235			
04252006 Chg-P CR2E034 (11/05)				4. FEI Number 13-3722345	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BENEVENTO, ERNEST 18100 ATLANTIC BLVD SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent Name Patrick A. Bombino Street Address (P.O. Box Number is Not Acceptable) 1001 North Federal Highway Suite 317 City Hallandale FL Zip Code 33009		
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 4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTC BOMBINO, PATRICK <input checked="" type="checkbox"/> Delete 2606 EAST 15TH STREET SUITE 202 BROOKLYN, NY 11235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC BOMBINO, PATRICK A. <input type="checkbox"/> Delete 1610 Sheepshead Bay Rd. Suite 202 Brooklyn N.Y. 11235		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	
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	
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 exemptions contained 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 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:  DATE 4-25-06 (800) 264-1700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					