

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003333

FILED
Mar 07, 2006
Secretary of State

Entity Name: INVESTIGATION & PROTECTION AGENCY, INC.

Current Principal Place of Business:

4281 DONLYN CT
COLUMBUS, OH 43232

New Principal Place of Business:

209 S. HIGH ST.
SUITE 404
COLUMBUS, OH 43215

Current Mailing Address:

4281 DONLYN CT
COLUMBUS, OH 43232

New Mailing Address:

209 S. HIGH ST.
SUITE 404
COLUMBUS, OH 43215

FEI Number: 31-1796938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE 4
WESTON, FL 33331 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: PTD () Delete
Name: COLLISON, DONALD M
Address: 2290 MAUREEN BLVD. S.
City-St-Zip: OBETZ, OH 43207

Title: V () Delete
Name: MOREFIELD, DANIEL
Address: 25598 SISK RD
City-St-Zip: CIRCLEVILLE, OH 43113

Title: SD () Delete
Name: MCJUNKIN, MATTHEW M
Address: 5140 JAMESON DR
City-St-Zip: COLUMBUS, OH 43232

Title: V () Delete
Name: GOAD, SHAYNE
Address: 25598 SISK RD
City-St-Zip: CIRCLEVILLE, OH 43113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COLLISON, DONALD M
Address: 2290 MAUREEN BLVD. S.
City-St-Zip: OBETZ, OH 43207

Title: CEO (X) Change () Addition
Name: MCJUNKIN, MATTHEW
Address: 5140 JAMESON DR.
City-St-Zip: COLUMBUS, OH 43232

Title: VP (X) Change () Addition
Name: SMITH, TRINA
Address: 1762 MARLBORO AVE.
City-St-Zip: OBETZ, OH 43207

Title: VP (X) Change () Addition
Name: STEWART, KIMBERLY
Address: 2290 MAUREEN BLVD. S.
City-St-Zip: OBETZ, OH 43207

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.

SIGNATURE: DONALD M. COLLISON

PRES

03/07/2006

Electronic Signature of Signing Officer or Director

Date