

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004017

Entity Name: PROTECT & CONNECT, INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

2035 LAKESIDE CENTRE WAY
SUITE 125
KNOXVILLE, TN 37922

New Principal Place of Business:

Current Mailing Address:

2035 LAKESIDE CENTRE WAY
SUITE 125
KNOXVILLE, TN 37922

New Mailing Address:

FEI Number: 72-1551246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: CP () Delete
Name: BOLING, BRIAN
Address: 2035 LAKESIDE CENTRE WAY, SUITE 125
City-St-Zip: KNOXVILLE, TN 37922

Title: D () Delete
Name: BISHOP, RONALD
Address: 19342 SLEEPING OAK DRIVE
City-St-Zip: TRABUCO CANYON, CA 92679

Title: VPD () Delete
Name: WELCH, TIM
Address: 2035 LAKESIDE CENTRE WAY, SUITE 125
City-St-Zip: KNOXVILLE, TN 37922

Title: S () Delete
Name: MCCLAMROCH, WILLIAM E III
Address: 900 SOUTH GAY STREET, SUITE 1400
City-St-Zip: KNOXVILLE, TN 37902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIM WELCH

VPD

04/17/2007

Electronic Signature of Signing Officer or Director

Date