2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004916

Entity Name: PROTECTING AMERICA.ORG CORP.

FILED Jan 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O ROBERT W. PORTER 1200 19TH STREET NW, STE 400 WASHINGTON, DC 20036			C/O ROBERT W. PORTER 500 EIGHTH ST., NW, SUITE 200 WASHINGTON, DC 20004				
Current Mailing Address:				New Mailing Address:			
C/O ROBERT W. PORTER 1200 19TH STREET NW, STE 400 WASHINGTON, DC 20036				C/O ROBERT W. PORTER 500 EIGHTH ST., NW, SUITE 200 WASHINGTON, DC 20004			
FEI Number:	56-2566485	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
1201 HAYS TALLAHAS	SEE, FL 3230	12525 US	r:0000 ot	f changing it	to registered of	Fig. or registered egent or both	
in the State		ubmits this statement for the pu	rpose o	r changing ii	is registered of	ffice or registered agent, or both,	
SIGNATUR	E:						
Electronic Signature of Registered Agent			ıt	Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DIR () WITT, JAMES L 1201 F STREET WASHINGTON,	•		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	LOY, JAMES M	EET NW, SUITE 400		Title: Name: Address: City-St-Zip:	LOY, JAMES M	., NW, SUITE 200	
Title: Name: Address: City-St-Zip:	COLLINS, EDW	RS ROAD, SUITE A3		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () HILL, DAVID L ONE STATE FAR BLOOMINGTON			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PORTER, ROBE	EET NW, SUITE 400		Title: Name: Address: City-St-Zip:	PORTER, ROBE	., NW, SUITE 200	
Title: Name: Address: City-St-Zip:	SMITH, DAVID A	TE ST., PRICENTON HOUSE		Title: Name: Address: City-St-Zip:	()	Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. PORTER, EXECUTIVE DIRECTOR OFF. 01/12/2008