

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001213

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** PROTECTION ADVISORY PLUS SERVICE, INC.

**Current Principal Place of Business:**

1225 FRANKLIN AVE  
SUITE #325  
GARDEN CITY, NY 11530

**New Principal Place of Business:**

**Current Mailing Address:**

4440 PGA BLVD.  
SUITE #600  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 20-0245478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LUONGO, JOHN  
4440 PGA BLVD.  
STE. 600  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

LUONGO, ALLISON  
4440 PGA BLVD.  
STE. 600  
PALM BEACH GARDENS, FL 33410 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: ALLISON LUONGO

03/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUONGO, ALLISON  
Address: 4440 PGA BLVD., STE. 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ADM  
Name: MADDEN, KERRY A  
Address: 4440 PGA BLVD., STE. 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: ALLISON LUONGO

P

03/05/2012

Electronic Signature of Signing Officer or Director

Date