2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# F10000001147

Entity Name: PROTECTIVE PRODUCTS INTERMEDIATE HOLDING CORP.

Current Principal Place of Business:

1649 NW 136TH AVE.
SUNRISE, FL 33323

New Principal Place of Business:

1649 NORTHWEST 136TH AVE.
SUNRISE, FL 33323 FL

Current Mailing Address:

1649 NW 136TH AVE.
SUNRISE, FL 33323

New Mailing Address:

1649 NORTHWEST 136TH AVE.
SUNRISE, FL 33323 FL

FEI Number: 27-1941069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: VPAS
Name: KLAFTER, MELISSA
Address: 1649 NORTHWEST 136TH AVE.
City-St-Zip: SUNRISE, FL 33323 US

Title: VPAS
Name: MCCONVERY, MICHAEL J
Address: 1649 NORTHWEST 136TH AVE.
City-St-Zip: SUNRISE, FL 33323 US

Title: DIR
Name: MUELLER, DONALD
Address: 1649 NORTHWEST 136TH AVE.
City-St-Zip: SUNRISE, FL 33323 US

Title: DIR
Name: TAYLOR, THOMAS V
Address: 1649 NORTHWEST 136TH AVE.
City-St-Zip: SUNRISE, FL 33323 US

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: LAURA LOUIS POA 04/20/2011

Electronic Signature of Signing Officer or Director Date