

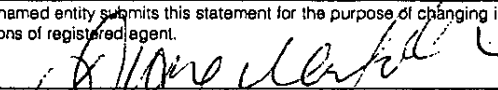
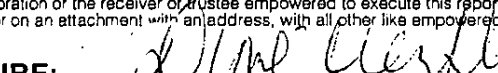


FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000003473			
1. Entity Name AFA PROTECTIVE SYSTEMS, INC.			
Principal Place of Business 1255 LAQUINTA DR STE. 100A ORLANDO, FL 32809 US		Mailing Address 155 MICHAEL DRIVE SYOSSET, NY 11791	
DO NOT WRITE IN THIS SPACE			
		03072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 13-1805009	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CORPORATION SERVICE COMPANY 121 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1000000952526 06/04/08-80084-010 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD KLEINMAN, RICHARD 155 MICHAEL DR SYOSSET, NY 11791	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		C KLEINMAN, ROBERT 155 MICHAEL DR SYOSSET, NY 11791	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D BERNSTEIN, ASHER 855 AVENUE OF THE AMERICAS NEW YORK, NY	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D MACK, FREDRIC 370 WEST PASSAIC STREET ROCHELLE PARK, NJ	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		T GREENBERGER, RAYMOND 155 MICHAEL DRIVE SYOSSET, NY 11791	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date Daytime Phone #			