

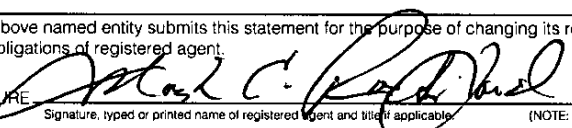
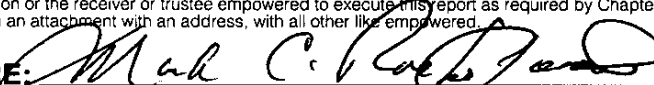


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 038 ***150.00

DOCUMENT # G53951 1. Entity Name LOSS CONTROL SERVICES INC.					
Principal Place of Business P O BOX 10566 POMPANO BEACH, FL 33062 US			Mailing Address 2745 E ATLANTIC BLVD STE 202 POMPANO BEACH, FL 33062 US		
2. Principal Place of Business 3100 N. COURSE LANE Suite, Apt. #, etc. # 601		3. Mailing Address P.O. Box 10566 Suite, Apt. #, etc.			
City & State POMPANO BEACH FL		City & State POMPANO BEACH FL		4. FEI Number 59-2306023	
Zip 33069		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROCHEFORD, MARK C 2745 E ATLANTIC BLVD STE 202 POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name MARK-G. ROCHEFORD Street Address (P.O. Box Number is Not Acceptable) 3100 N. COURSE LANE # 601 City POMPANO BEACH FL Zip Code 33069		
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  DATE 5-26-06 <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, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCHEFORD, MARK 3221 N.E. 8TH STREET POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK C. ROCHEFORD 3100 N. COURSE LANE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date 5-26-06 Daytime Phone # 954-942-5966		