

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45534

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: TOTAL PROTECTION SERVICES, INC.

## Current Principal Place of Business:

% THOMAS F. PAYNE  
PO BOX 4725  
HOLLYWOOD, FL 33083

## New Principal Place of Business:

3140 SW 19 STREET  
#647  
PEMBROKE PARK, FL 33009

## Current Mailing Address:

% THOMAS F. PAYNE  
PO BOX 4725  
HOLLYWOOD, FL 33083

## New Mailing Address:

FEI Number: 59-2918846      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAYNE, THOMAS F.  
4921 JEFFERSON ST  
HOLLYWOOD, FL 33021      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: PAYNE, THOMAS F.,  
Address: 4921 JEFFERSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TS      ( ) Delete  
Name: PAYNE, LORELEI F  
Address: 4921 JEFFERSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORELEI F. PAYNE

TS

01/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date