2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L30978

Entity Name: FAMILY SECURITY PROVIDERS, INC.

FILED Jan 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2730 SW 3RD AVE., #303 5805 BLUE LAGOON DRIVE # 165

MIAMI, FL 33129 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

2730 SW 3RD AVE., #303 5805 BLUE LAGOON DRIVE # 165 402

MIAMI, FL 33126 US MIAMI, FL 33129 US

FEI Number: 65-0156949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAMPOS, MIGUEL CAMPOS, MIGUEL 2730 SW 3RD AVE., #303 5805 BLUE LAGOON DRIVE # 165 MIAMI, FL 33129 MIAMI, FL 33126

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: MIGUEL CAMPOS 01/26/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CAMPOS, MIGUEL CAMPOS, MIGUEL Name: Name: 2730 SW 3RD AVE., #303 Address: 5805 BLUE LAGOON DRIVE # 165 Address:

City-St-Zip: MIAMI, FL 33129 US City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify 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: MIGUEL CAMPOS **PRES** 01/26/2008