


FILED

Aug 24, 2005 08:00 AM

Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L64728	
1. Entity Name MUNICIPAL PENSION PROTECTORS, INC.	

Principal Place of Business % SIDNEY SCHNIPPER 5827 N.W. 25TH TERRACE BOCA RATON, FL 33496	Mailing Address % SIDNEY SCHNIPPER 5827 N.W. 25TH TERRACE BOCA RATON, FL 33496
--	--



07062005 No Chg P CR2E034 (1Q/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0185663	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

3. Name and Address of Current Registered Agent SCHNIPPER, SIDNEY 5827 N.W. 25TH TERRACE BOCA RATON, FL 33496	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 _____ (NOTE: Registered Agent's signature required when retaking) DATE _____

FILE NOW!! FEE IS \$160.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SCHNIPPER, SIDNEY 5827 NW 25TH TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHNIPPER, ELAINE 5827 N.W. 25TH TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000376980
08/24/05-80002-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(d), 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 authority like empowered.

SIGNATURE: *Elaine Schnipper* Pres **8-23-05** 061-241-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #