

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058453

FILED
Apr 18, 2006
Secretary of State

Entity Name: PROTECTION TECHNOLOGIES CORPORATION

Current Principal Place of Business:

6990 SW 8TH ST., 2ND FLOOR
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

6990 SW 8TH ST., 2ND FLOOR
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-1019581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOPAY, DAVID MR.
10145 NW 19 STREET
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

GASTEAZORO, ALFREDO MR.
10145 NW 19 STREET
MIAMI, FL 33172 US

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: ALFREDO GASTEAZORO

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHOPAY, DAVID
Address: 10145 N.W. 19TH ST.
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: GASTEAZORN, ALFREDO
Address: 10145 N.W. 19TH ST.
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARRELL, RONALD
Address: 10145 N.W. 19TH ST.
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change () Addition
Name: MILLS, ROBERT
Address: 10145 N.W. 19TH ST.
City-St-Zip: MIAMI, FL 33172

Title: O () Change (X) Addition
Name: GASTEAZORO, ALFREDO
Address: 10145 NW 19 STREET
City-St-Zip: MIAMI, FL 33172

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: ALFREDO GASTEAZORO

O

04/18/2006

Electronic Signature of Signing Officer or Director

Date