## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2006 08:00 AM Secretary of State **DOCUMENT # P01000023477** 1. Entity Name VIKING PROTECTIVE GROUP, INC. Principal Place of Business Mailing Address 1154 SOLANA AVENUE 1154 SOLANA AVENUE WINTER PARK, FL 32789 US WINTER PARK, FL 32789 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3746731 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE BANKER, NICOLE J 1154 SOLANA AVENUE WINTER PARK, FL 32789 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, typed or printed name of registered egent and file it applicable (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. SITLE NAME BANKER, NICOLE J STREET ADDRESS 1154 SOLANA AVENUE WINTER PARK, FL 32789 CITY-ST-ZIP 000000412866 02/10/06-80064-017 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP 7ITT F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

12. It hereby certify that the information supplied with this filing closs 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:

MAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-06

Dayima Phone #

**FILED**