

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000053121

**FILED**  
**Nov 29, 2006**  
**Secretary of State****Entity Name:** PROTECH SECURITY SYSTEMS OF DAVIE, INC.**Current Principal Place of Business:**3801 SW 47TH AVE  
505  
DAVIE, FL 33314**New Principal Place of Business:****Current Mailing Address:**3801 SW 47TH AVE  
505  
DAVIE, FL 33314**New Mailing Address:****FEI Number:** 65-1107563**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ROSEN, JAY  
8751 NW 17TH PLACE  
PLANTATION, FL 33322 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**OFFICERS AND DIRECTORS:****Title:** VPD (X) Delete  
**Name:** HOLIFIELD, GREGORY A  
**Address:** 9089 NW 54 STREET  
**City-St-Zip:** SUNRISE, FL 33351**Title:** P ( ) Delete  
**Name:** ROSEN, JAY  
**Address:** 8751 NW 17TH PLACE  
**City-St-Zip:** PLANTATION, FL 33322**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: JAY ROSEN

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11/29/2006

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