

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118921

FILED
May 03, 2005
Secretary of State

Entity Name: ACTION PROTECTION SERVICES INC.

Current Principal Place of Business:

10 E MONUMENT AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

PO BOX 421000
KISSIMMEE, FL 34742

Current Mailing Address:

PO BOX 421000
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 01-0549477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, JEFFREY T
10 E MONUMENT AVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

EZELL, JEFFREY T
PO BOX 421000
KISSIMMEE, FL 34742 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: JEFFREY T EZELL

05/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: EZELL, JEFFREY T
Address: PO BOX 421000
City-St-Zip: KISSIMMEE, FL 34742

Title: O () Delete
Name: PARTAIN, JAMES
Address: PO BOX 421000
City-St-Zip: KISSIMMEE, FL 34742

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 Section 119.07(3)(i), 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: JEFFREY T EZELL

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05/03/2005

Electronic Signature of Signing Officer or Director

Date