## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000043753

Entity Name: PROTECT VIDEO, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3483 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

3483 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426

FEI Number: 03-0435815 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIMARIA, SHADRACH
8581 BREEZY HILL DR
DIMARIA, SHADRACH
3 DANBY PLACE

BOYNTON BCH, FL 33437 US BOYNTON BCH, FL 33426 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: SHADRACH DIMARIA 04/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: DIMARIA, SHADRACH Name: DIMARIA, SHADRACH

 Name:
 DIMARIA, SHADRACH
 Name:
 DIMARIA, SHADRACH

 Address:
 8581 BREEZY HILL DR
 Address:
 3 DANBY PLACE

 City-St-Zip:
 BOYNTON BCH, FL 33437
 City-St-Zip:
 BOYNTON BCH, FL 33426

Title: CEO ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALBELO, MONICA
 Name:

 Address:
 8581 BREEZY HILL DR
 Address:

 City-St-Zip:
 BOYNTON BCH, FL 33437
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OVDIYENKO, DOUGLAS
 Name:

 Address:
 16282 E. ALLEN BLACK BLVD
 Address:

 City-St-Zip:
 LOXAHATCHEE, FL 33470
 City-St-Zip:

Title: CIO ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BLACKWELL, GLEN
 Name:

 Address:
 8070 ROSE MARIE AVE E
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHADRACH DIMARIA P 04/21/2009