2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P02000131443** 1. Entity Name CONGRESSIONAL INTELLIGENCE PROTECTIVE 06 MAY -9 AM 7: 57 SERVICES INC. Principal Place of Business Mailing Address 1350 NE 125 ST. 1350 NE 125 ST. SUITE 201 SUITE 201 NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 05052006 Chg-P City & State City & State 4. FEI Number Applied For 03-0496101 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ, ELIER Murray Lenchner Street Address (P.O. Box Number is Not Acceptable) 1350 NE 125 St. 1350 NE 125 ST. SUITE 201A NORTH MIAMI, FL 33161 Suite 201A Zip Code North Miami. <u>33161</u> 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 5-5-06 mar an (NOTE: Registered Agent signature required when reinstating) 70007510293<u>7</u> 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61,25 Trust Fund Contribution. 23/06--01049--024 Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PΩ ☐ Addition TITLE Delete TITLE Change CRUZ, ELIER NAME NAME Murray Lenchner STREET ADDRESS 1350 NE 125 ST. SUITE 201 A STREET ADDRESS 1350 NE 125 St., Suite 201A CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-\$T-ZIP North Miami, FL 33161 DTS TITLE Delete TITLE ☐ Change X Addition Marvin Weinstein LENCHNER MURRAY NAME NAME 1350 NE 125 St., Suite 201A STREET ADDRESS 1350 NE 125 ST, SUITE 201 STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 CITY-ST-ZIP North Miami, FL 33161 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does 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

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