

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133321

FILED
Apr 29, 2006
Secretary of State

Entity Name: EMPIRICAL PROTECTIVE SERVICES, INC.

Current Principal Place of Business:

1950 LEE RD., STE. 114
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1950 LEE RD., STE. 114
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 37-1452164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRYAR-GRAHAM, ANITA
1950 LEE RD., STE. 114
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VICE () Delete
Name: GRAHAM, PETER
Address: 1950 LEE RD., STE. 114
City-St-Zip: WINTER PARK, FL 32789

Title: PRES () Delete
Name: FRYAR-GRAHAM, ANITA
Address: 1950 LEE RD., STE. 114
City-St-Zip: WINTER PARK, FL 32789

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: ANITA FRYAR-GRAHAM

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date