

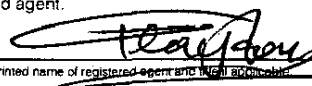
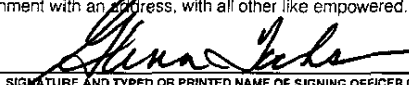


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90422 029 \*\*\*158.75

<b>DOCUMENT # P03000026282</b> 1. Entity Name <b>MARITIME PROTECTIVE SERVICES, INC.</b>					
Principal Place of Business <b>1881 UNIVERSITY DRIVE #110</b> <b>CORAL SPRINGS, FL 33071</b>				Mailing Address <b>1881 UNIVERSITY DRIVE #110</b> <b>CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <b>1800 Eller Drive</b>		3. Mailing Address <b>1800 Eller Drive</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">66421495</div>  <div style="margin-top: 10px;">           05102004    Chg-P    CR2E034 (10/03)         </div>	
Suite, Apt. #, etc. <b>Suite 420</b>		Suite, Apt. #, etc. <b>Suite 420</b>			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>			
Zip <b>33316</b>		Zip <b>33316</b>			
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>42-1582314</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JACKSON, GLENN K</b> <b>1881 UNIVERSITY DRIVE #110</b> <b>CORAL SPRINGS, FL 33071</b>				7. Name and Address of New Registered Agent Name <b>George Playton</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 Eller Drive</b> <b>Suite 420</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33316</b>	
B. 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 the obligations of registered agent.					
SIGNATURE  <b>George Playton</b> <b>5/10/04</b> <small>Signature, typed or printed name of registered agent and agent acceptable (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Glenn Jackson</b> <b>1800 Eller Drive, Ste 420</b> <b>Fort Lauderdale, FL 33316</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>George Playton</b> <b>1800 Eller Drive, Ste 420</b> <b>Fort Lauderdale, FL 33316</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Robert Sewak</b> <b>1800 Eller Drive, Ste 420</b> <b>Fort Lauderdale, FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>John Bennett</b> <b>1800 Eller Drive, Ste 420</b> <b>Fort Lauderdale, FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Matthew Zifrony</b> <b>1800 Eller Drive, Ste 420</b> <b>Fort Lauderdale, FL 33316</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: 			<b>5-10-04</b> <small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

MAY.10.2004 12:00PM

Attachment

NO.374 P.1/2

May 3, 2004

MARITIME PROTECTIVE SERVICES, INC.  
1800 ELLER DRIVE, STE 420  
FORT LAUDERDALE, FL 33316

SUBJECT: MARITIME PROTECTIVE SERVICES, INC.  
Ref. Number: P03000026282

46421495 /  
#P03000026282

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

Letter number: 804A00031184

+ NEXT, - PREV, 1. MENU, 2. FILING  
7. LIST  
ENTER SELECTION AND CR: