


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90411 048 ***150.00

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| DOCUMENT # P03000026282 |  |
| 1. Entity Name MARITIME PROTECTIVE SERVICES, INC. | |

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| Principal Place of Business 1052 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 | Mailing Address 1052 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 |
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| 2. Principal Place of Business - No P.O. Box # 100 E. LINTON BLVD. | 3. Mailing Address 100 E. LINTON BLVD. |
| Suite, Apt. #, etc. SUITE 408B | Suite, Apt. #, etc. SUITE 408B |
| City & State DELRAY BEACH, FL | City & State DELRAY BEACH, FL |
| Zip 33483 | Zip 33483 |
| Country USA | Country USA |

40087803



03112008 Chg-P CR2E034 (12/06)

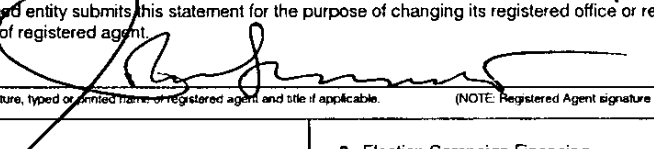
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| 4. FEI Number 42-1582314 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BENNETT, JOHN C.W. MARITIME PROTECTIVE SERVICES, INC. 1052 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 |
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| 7. Name and Address of New Registered Agent Name BENNETT, JOHN C.W. Street Address (P.O. Box Number is Not Acceptable) 100 E. LINTON BLVD. SUITE 408B City DELRAY BEACH FL 33483 |
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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 the obligations of registered agent.

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| SIGNATURE  | DATE 4/23/08 |
|---|---------------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO BENNETT, JOHN 1052 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO BENNETT, JOHN 100 E. LINTON BLVD., SUITE 408B DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SEWAK, ROBERT 1052 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SEWAK, ROBERT 100 E. LINTON BLVD., SUITE 408B DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S WHALEY, DEBORAH 1052 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/S WHALEY, DEBORAH 100 E. LINTON BLVD., SUITE 408B DELRAY BEACH, FL 33483 <input checked="" 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 |
| 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 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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| SIGNATURE:  | DATE 4/23/08 | DAYTIME PHONE # 561-330-2020 |
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