

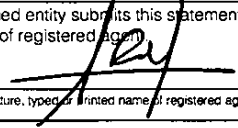
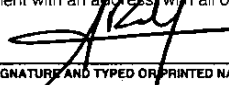


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90042 008 \*\*\*150.00

<b>DOCUMENT # P03000048310</b> 1. Entity Name <b>ADVANCED SECURITY AND PROTECTION SOLUTIONS INC.</b>					
Principal Place of Business <b>21011 JOHNSON STREET, SUITE 126 PEMBROKE PINES, FL 33029</b>			Mailing Address <b>21011 JOHNSON STREET, SUITE 126 PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business <b>1237 Skylark DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1237 Skylark DR.</b> Suite, Apt. #, etc.			
City & State <b>Weston, FLORIDA</b>		City & State <b>Weston, FLORIDA</b>		4. FEI Number <b>38-3679782</b>	
Zip <b>33327</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RECHT, LEONARDO 21011 JOHNSON STREET, SUITE 126 PEMBROKE PINES, FL 33029</b>		7. Name and Address of New Registered Agent Name <b>RECHT, LEONARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1237 Skylark DR.</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33327</b>			
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. SIGNATURE  <b>LEONARDO RECHT</b> <b>2/5/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ONGAY, JOSE 3947 OSPREY CT. WESTON, FL 33331</b> <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	<b>VP RECHT, LEONARDO 1237 SKYLARK DRIVE WESTON, FL 33327</b> <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	
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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.					
<b>SIGNATURE:</b> 			<b>2/5/2005</b> <b>954-349-7229</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					