## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000047226

Entity Name: X S PROTECTION, INC.

FILED Jan 20, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1440 CORAL RIDGE DR., #328 CORAL SPRINGS, FL 33071				3511 COMMERCIAL BLVD		
				210 FT LAUDERDALE, FL 33309		
Current Mailing Address:				New Mailing Address:		
1440 CORAL RIDGE DR., #328 CORAL SPRINGS, FL 33071				3511 W COMMERCIAL BLVD		
				210		
				FT LAUDERDALE, FL 33309		
FEI Number:	20-0902507	FEI Number Applied For ( )	FEI Numb	er Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
PESCE, SILVINA V 11171 NW 35TH STREET CORAL SPRINGS, FL 33065 US						
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	c Signature of Registered Ager	nt		Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	PD ()[	Delete	Т	itle: (	) Change ( ) Addition	
Name:	PESCE, SILVINA			ame:	,	
Address:	11171 NW 35TH	STREET	Α	ddress:		
City-St-Zip:	CORAL SPRING	S, FL 33065	С	tity-St-Zip:		
Title:	( ) DV	Delete	Т	itle: (	) Change ( ) Addition	
Name:	KELTON, MICHA			ame:	, onango ( ) / wanton	
Address:	1400 SE 8TH ST			ddress:		
City-St-Zip:	DEERFIELD BEA			tity-St-Zip:		
Title:	D ()	Delete	т	itle: (	) Change ( ) Addition	
Name:	CIMETTA, JAVIE			ame:	) Change ( ) Addition	
Address:	11171 NW 35TH			ddress:		
City-St-Zip:	CORAL SPRING			ity-St-Zip:		
Title:	TD ()	Delete	Т	itle: (	) Change ( ) Addition	
Name:	PAPPAGEORGE			ame:	,	
Address:	37-25 95TH ST.	•		ddress:		
City-St-Zip:	JACKSON HEIGH	HTS, NY 11372		ity-St-Zip:		
Title:	D ()I	Delete	Т	itle: (	) Change ( ) Addition	
Name:	BABBIT, HOWAR			lame:	,	
Address:	76 S. SEAWALLS POINT DR.			ddress:		
City-St-Zip:	STUART, FL 349		С	ity-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE KELTON VP 01/20/2005