2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056026

Entity Name: FEDERAL PROTECTION SECURITY INC

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18800 NW 2ND AVE STE 101 MIAMI, FL **Current Mailing Address: New Mailing Address:** 18800 NW 2ND AVE STE 101 MIAMI, FL FEI Number: 65-0778871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CHARLES, SHERON CHARLES, SHERON 119 NE 56TH STREET APT R 1409 ADAMS STREET HOLLYWOOD, FL 33020 US MIAMI, FL 33137 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: 04/29/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: MEDINE, KETIA MEDINE, KETIA Name: Name: 119 NE 56TH ST APT R 155 NE 65 ST Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33138 Title: Title: () Delete (X) Change () Addition Name: CHARLES, JOHNY Name: MERLINE, JEANBAPTISTE 119 NE 56TH STREET APT R 1409 ADAMS ST Address: Address: MIAMI, FL 33137 HOLLYWOOD, FL 33020 City-St-Zip: City-St-Zip: Title: Title: CEO () Delete () Change () Addition MEDINE, KETIA Name: Name: 155 NE 65TH STREET Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: () Delete Title: DIR () Change (X) Addition CHARLES, JOHNY Name: Name: Address: Address: 20065 NW 36 AVE City-St-Zip: City-St-Zip: MIAMIGARDENS, FL 33056

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: KETIA MEDINE ST 04/29/2006