2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005
Secretary of State

DOCUMENT# P04000065256

Entity Name: LIBERTY PROTECTIVE SERVICES, INC.

Current Principal Place of Business:

9441 BOCA RIVER CICRLE
BOCA RATON, FL 33434

New Principal Place of Business:

1030 S. FEDERAL HWY.
104
DELRAY BEACH, FL 33483

Current Mailing Address:

9441 BOCA RIVER CICRLE
BOCA RATON, FL 33434

New Mailing Address:

1030 S. FEDERAL HWY.
104
DELRAY BEACH, FL 33483

FEI Number: 20-1048496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LESCHINER, WILLIAM
9441 BOCA RIVER CICRLE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

LESHCHINER, WILLIAM PRES.
1030 S. FEDERAL HWY.
104
DELRAY BEACH, FL 33483 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: WILLIAM LESHCHINER 08/17/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: LESHCHINER, WILLIAM
Address: 9441 BOCA RIVER CICRLE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: LESHCHINER, WILLIAM
Address: 1030 S. FEDERAL HWY., STE. 104
City-St-Zip: DELRAY BEACH, FL 33483

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: WILLIAM LESHCHINER MR. 08/17/2005
Electronic Signature of Signing Officer or Director Date