2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# P04000101129

Entity Name: JEAN-RENE'S PROTECTION & ESCORT SERVICES, INC.

Current Principal Place of Business:

1941 WHITFIELD PARK LOOP
SUITE 106
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1596
SARASOTA,, FL 34277

New Mailing Address:

P.O. BOX 1596
SARASOTA, FL 34277

FEI Number: 86-1111596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JEAN-RENE, JAMES J
2052 HANSEN STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

JEAN-RENE, JAMES J
1941 WHITFIELD PARK LOOP
SUITE 106
SARASOTA, FL 34243 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: JAMES J. JEAN-RENE 04/13/2007
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: P ( ) Delete
Name: JEAN-RENE, JAMES J
Address: 1941 WHITFIELD PARK LOOP SUITE 106
City-St-Zip: SARASOTA, FL 34243

Title: P ( ) Delete
Name: JEAN-RENE, JAMES J
Address: 2052 HANSEN STREET
City-St-Zip: SARASOTA,, FL 34231

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: JEAN-RENE, JAMES J
Address: 1941 WHITFIELD PARK LOOP SUITE 106
City-St-Zip: SARASOTA, FL 34243

Title: VP ( ) Change (X) Addition
Name: MEDOR, MAUDE
Address: 1941 WHITFIELD PARK LOOP SUITE 106
City-St-Zip: SARASOTA, FL 34243

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: MAUDE MEDOR VP 04/13/2007
Electronic Signature of Signing Officer or Director Date