## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000127029

Entity Name: SECURITY PROTECTION SERVICE, INC.

FILED Mar 02, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1605 N STATE RD 7 2802 NATURE BLVD

DEERFIELD BEACH, FL 33441 MARGATE, FL 33063

**Current Mailing Address: New Mailing Address:** 

P O BOX 938866 1605 N STATE RD 7 MARGATE, FL 33063 MARGATE, FL 33093

FEI Number: 59-2613940 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:

SAVINO, FRANK SAVINO, FRANK 1605 N STATE RD 7 2802 NATURE BLVD

US DEERFIELD BEACH, FL 33441 MARGATE, FL 33063 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: FRANK SAVINO 03/02/2006

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change ( ) Addition

SAVINO, FRANK SAVINO, FRANK Name: Name: 1605 N STATE RD 7 2802 NATURE BLVD Address: Address:

City-St-Zip: MARGATE, FL 33063 City-St-Zip: DEERFIELD BEACH, FL 33441

Title: Title: SEC () Delete (X) Change ( ) Addition Name: SAVINO, SANDRA Name: SAVINO, ADRIENNE

1605 N STATE RD 7 2802 NATURE BLVD Address: Address: MARGATE, FL 33063 DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

SAVINO, ADRIENNE Name: Name: 1605 N STATE RD 7 Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

SAVINO, STEOHEN Name: Name: Address: 2802 NATURA BLVD Address: City-St-Zip: DEERFIELD BEACH, FL 3341 City-St-Zip:

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: FRANK SAVINO **PRES** 03/02/2006