

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135057

FILED
Jan 24, 2008
Secretary of State

Entity Name: AMERICAN SECURITY & ASSET PROTECTION CO.

Current Principal Place of Business:

1030 WALLACE DR.
SUITE C
DELRAY BEACH, FL 33444

New Principal Place of Business:

4543 BRADY BLVD
DELRAY BEACH, FL 33445

Current Mailing Address:

1030 WALLACE DR.
SUITE C
DELRAY BEACH, FL 33444

New Mailing Address:

PO BOX 6241
DELRAY BEACH, FL 33482

FEI Number: 20-1694784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANUSZEWSKI, GAIL W
1030 WALLACE DRIVE
SUITE C
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

JANUSZEWSKI, GAIL W
4543 BRADY BLVD
DELRAY BEACH, FL 33445 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: GAIL W. JANUSZEWSKI

01/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JANUSZEWSKI, GAIL W
Address: 1030 WALLACE DRIVE, SUITE C
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP () Delete
Name: JANUSZEWSKI, DAVID A VP
Address: 1030 WALLACE DR, SUITE C
City-St-Zip: DELRAY BEACH, FL 33444 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: JANUSZEWSKI, GAIL W PSTD
Address: PO BOX 6241
City-St-Zip: DELRAY BEACH, FL 33482

Title: VP (X) Change () Addition
Name: JANUSZEWSKI, DAVID A VP
Address: PO BOX 6241
City-St-Zip: DELRAY BEACH, FL 33482 US

I hereby certify that the information supplied with this filing does not qualify 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: GAIL W. JANUSZEWSKI

PSTD

01/24/2008

Electronic Signature of Signing Officer or Director

Date