

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000158438

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Entity Name:** ADVANCED VEHICLE PROTECTION INC.

**Current Principal Place of Business:**

12515 LAKE VISTA DR.  
GIBSONTOWN, FL 33534

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89305  
TAMPA, FL 33689

**New Mailing Address:**

**FEI Number:** 74-3136028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUSHEL, LLOYD W  
12515 LAKE VISTA DR  
GIBSONTOWN, FL 33534 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRUSHEL, LLOYD W II  
Address: P.O. BOX 89305  
City-St-Zip: TAMPA, FL 33689

Title: VP ( ) Delete  
Name: DUPRAS, SCOTT  
Address: P.O. BOX 89305  
City-St-Zip: TAMPA, FL 33689

Title: S ( ) Delete  
Name: TRUSHEL, JENNIFER  
Address: P.O. BOX 89305  
City-St-Zip: TAMPA, FL 33689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: TRUSHEL, JENNIFER  
Address: P.O. BOX 89305  
City-St-Zip: TAMPA, FL 33689

Title: S (X) Change ( ) Addition  
Name: RAYSBROOK, NANCY  
Address: P.O. BOX 89305  
City-St-Zip: TAMPA, FL 33689

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: LTRUSHEL

P

10/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date