

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

03-28-2007 90003 011 ***150.00

DOCUMENT # P04000168836 1. Entity Name PROTECH E2, INC.			
Principal Place of Business 300 OCEAN DRIVE #6 KEY LARGO, FL 33037		Mailing Address 300 OCEAN DRIVE #6 KEY LARGO, FL 33037	
2. Principal Place of Business - No P.O. Box # 103400 OVERSEAS HWY Suite, Apt. #, etc. # 220		3. Mailing Address P.O. Box 372846 Suite, Apt. #, etc.	
City & State Key Largo, FL Zip 33037		City & State Key Largo, FL Zip 33037	
Country MONROE		Country MONROE	
4. FEI Number 20-2018425		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORRER, JOHN E 300 OCEAN DRIVE #6 KEY LARGO, FL 33037		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>John Forrer</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>3/12/07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete FORRER, JOHN E 300 OCEAN DRIVE, #6 KEY LARGO, FL 33037	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>John Forrer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/5/07</u> Daytime Phone #: <u>305-453-1444</u>	