2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062406

FILED May 01, 2006 Secretary of State

Entity Name: VANTAGE INVESTIGATIONS AND PROTECTION, INC.

Current Principal Place of Business:	New Principal Place of Business:
2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US	
Current Mailing Address:	New Mailing Address:
CMR 419 BOX 759 APO, AE 09102 US	2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US
FEI Number: 20-3766531 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ANNUCCI, DOMINIC C 2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US	
2 BAYARD STREET	of changing its registered office or registered agent, or both,
2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US The above named entity submits this statement for the purpose of	of changing its registered office or registered agent, or both,
2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US The above named entity submits this statement for the purpose on the State of Florida. SIGNATURE:	Date
2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US The above named entity submits this statement for the purpose on the State of Florida. SIGNATURE: Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive	Date
2 BAYARD STREET GREEN COVE SPRINGS, FL 32043 US The above named entity submits this statement for the purpose on the State of Florida. SIGNATURE: Electronic Signature of Registered Agent on accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution ().	Date the prior notice.

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: MICHELE COOK T 05/01/2006