2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2008
Secretary of State

DOCUMENT# P05000087685

Entity Name: A & D PERSONAL PROTECTION, INC

Current Principal Place of Business:

5424 NW 199 TERR
MIAMI GARDENS, FL 33055 US

New Principal Place of Business:

525 N TREBOL ST
CLEWISTON, FL 33440 US

Current Mailing Address:

5424 NW 199 TERR
MIAMI GARDENS, FL 33055 US

New Mailing Address:

525 N TREBOL ST
CLEWISTON, FL 33440 US

FEI Number: 20-3038833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AVILA, ORLANDO
5424 NW 199 TERR
MIAMI GARDENS, FL 33055 US

Name and Address of New Registered Agent:

AVILA, ORLANDO
525 N TREBOL ST
CLEWISTON, FL 33440 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: ORLANDO AVILA 05/18/2008
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:

Title: P ( ) Delete
Name: AVILA, FLORENCE D
Address: 5424 NW 199 TERR
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP ( ) Delete
Name: DURAN, BRUNO S
Address: 5424 NW 199 TERR
City-St-Zip: MIAMI GARDENS, FL 33055

Title: DIR ( ) Delete
Name: AVILA, ORLANDO
Address: 5424 NW 199 TERR
City-St-Zip: MIAMI GARDENS, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AVILA, FLORENCE D
Address: 525 N TREBOL ST
City-St-Zip: CLEWISTON, FL 33440 US

Title: VP (X) Change ( ) Addition
Name: DURAN, BRUNO S
Address: 14827 SW 84 TERR
City-St-Zip: MIAMI, FL 33193 US

Title: SVP (X) Change ( ) Addition
Name: AVILA, ORLANDO
Address: 525 N TREBOL ST
City-St-Zip: CLEWISTON, FL 33440 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: ORLANSO AVILA SVP 05/18/2008
Electronic Signature of Signing Officer or Director Date