

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000122155

FILED
Jan 30, 2006
Secretary of State**Entity Name:** ELITE PROTECTION SERVICES, INC.**Current Principal Place of Business:**29703 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543**New Principal Place of Business:****Current Mailing Address:**29703 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543**New Mailing Address:****FEI Number:** 20-3419648**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RIMAS, PATTIE
29703 EAGLE STATION DRIVE
WESLEY CHAPEL, FL 33543 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:** PD () Delete
Name: RIMAS, MARK
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543**Title:** VPST () Delete
Name: RIMAS, PATTIE
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VPT (X) Change () Addition
Name: RIMAS, PATTIE
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543**Title:** S () Change (X) Addition
Name: HURST, MICHAEL
Address: 29703 EAGLE STATION DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

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: PATTIE RIMAS

VP

01/30/2006

Electronic Signature of Signing Officer or Director_____
Date