2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158326

Entity Name: PROTECTIVE SERVICES, INC.

FILED Aug 16, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

 16310 SW 99 AVENUE
 9465 SW 50 STREET

 MIAMI, FL 33157
 COOPER CITY, FL 33328

Current Mailing Address: New Mailing Address:

16310 SW 99 AVENUE 9465 SW 50 STREET MIAMI, FL 33157 S COOPER CITY, FL 33328

FEI Number: 20-3882934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JEANTY, ALIX

16310 SW 99 AVENUE

MIAMI, FL 33157 US

BARTHOLE, PAUL A
12930 SW 128 STREET
SUITE 102
MIAMI, FL 33186 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: PAUL A. BARTHOLE 08/16/2006

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 ().

campaign rinancing trust rund contribution ().

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

Title: P () Delete Title: P (X) Change () Addition
Name: JEANTY, ALIX
Address: 16310 SW 99 AVENUE
Address: 9465 SW 50 STREET

 Address:
 16310 SW 99 AVENUE
 Address:
 9465 SW 50 STREET

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 COOPER CITY, FL 33328

Title: VP () Delete Title: VP (X) Change () Addition Name: SALORT, JOSE Name: LEACOCK, BROCK

 Address:
 16310 SW 99 AVENUE
 Address:
 9465 SW 50 STREET

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 COOPER CITY, FL 33328

Title: TREA () Delete Title: () Change () Addition Name: BARTHOLE. PAUL A Name:

 Name:
 BARTHOLE, PAUL A
 Name:

 Address:
 12930 SW 106 TER, SUITE 102
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:

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: PAUL A. BARTHOLE TREA 08/16/2006