2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State 03-21-2007 90027 022 ***150.00

DOCUMENT # P06000001007 1. Entity Name FINANCIAL PROTECTION SERVICES, INC.								03-21-200	7 90027	022 ***	·**150.00	
Principal Place	e of Business	Mailing	Mailing Address									
3405 W, MCKAY AVENUE TAMPA, FL 33609				3405 W, MCKAY AVENUE TAMPA, FL 33609						•= ••= •		
2. Principal Pi	lace of Busin	3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.			Suite.	Suite, Apt. #, etc.			03192007	Chg-P	CR2E	34 (12/0	5)	
City & State			City &	City & State Zip Country			4. FEI Number 87-0	75906	9		Applied For Not Applicable	
Zip					Count	try		of Status Desired	0	\$8.75 / Fee Requ		
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	togistered.	Agent		
SKIJUS, STEVEN J 3405 W, MCKAY AVENUE TAMPA, FL 33609				Str			reet Address (P.O. Box Number is Not Acceptable)					
174111 74 11	- 00000									T		
						City			FL	Zip C		
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refristating) DATE												
FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$880.00 9. Election Campaign Financing Trust Fund Contribution:							5.00 May Be ded to Fees					
10.	Pres	OFFICERS ANI	DIRECTOR		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE 3405	NJ. SKIJU W. Mc Kay A. Fla. 33	Ave,	☐ Delete		l l				□ Chang	e 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VICE STEVE	President IN J. SKI J W. McKay 1 PA. Fl. 336	rus Ave,	☐ Delete		l l	_		· 1	[] Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE Secre 3405	NJ. SKIZ W. McKay DA FI 83	TUS Ave.	☐ Delete	•	4			-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA	SUREC EN A. SKI W. McKay DR. Fl. 3361	エルミ	□ Delete						Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · ·			Delete		l l				Change	e 🗍 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		i i	444			Change	Addition	
12. I hereby certify that the information supplied with this filling 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 cath; 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: Steven STEVEN J. SKIJUS 3/19/07 813-789-63/5												

ATTACHMENT Le6067946

Financial Protection Services, Inc.

4/1/07

Steven J. Skijus, CSA · President

Ref#: P06000001007

Dear Sur.

I am re-submitting my annual report · seriforne businesse report with a complete listing of title, name & address of all officer as per your request.

are you can tell, I am the only person affiliated with my company. Please complete my filing as son as possible. I can be reached at 813-789-6315 if need be.

Sincerely,

Steven J. Skijus STEVEN J. SKIJUS

President