2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015732

Entity Name: SUNSTATE PROTECTION SERVICES INC

FILED Apr 30, 2007 Secretary of State

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

4015 BAYSHORE BLVD UNIT 9A 10257 OASIS PALM DR TAMPA, FL 33611 TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

4015 BAYSHORE BLVD UNIT 9A 10257 OASIS PALM DR TAMPA, FL 33611 TAMPA, FL 33615

FEI Number: 20-4181263 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:

CANFIELD, MICHAEL CANFIELD, MICHAEL 4015 BAYSHORE BLVD UNIT 9A 10257 OASIS PALM DR TAMPA, FL 33611 TAMPA, FL 33615

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: MICHAEL CANFIELD 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition CANFIELD, MICHAEL CANFIELD, MICHAEL Name: Name: 4015 BAYSHORE BLVD UNIT 9A 10257 OASIS PALM DR Address: Address:

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33615

PS Title: PS Title: () Delete (X) Change () Addition DICKSON, RHONDA DICKSON, RHONDA Name: Name:

4015 BAYSHORE BLVD UNIT 9A 10257 OASIS PALM DRIVE Address: Address: TAMPA, FL 33611 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

DICKSON, CHARLIE DICKSON, CHARLIE Name: Name: 4015 BAYSHORE BLVD UNIT 9A 10257 OASIS PALM DR Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33615

Title: () Delete Title: (X) Change () Addition

HICKEY, DONALD HICKEY, DONALD Name: Name: Address: 4015 BAYSHORE BLVD UNIT 9A Address: 10257 OASIS PALM DRIVE

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33615

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: RHONDA K DICKSON **PRES** 04/30/2007