

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017886

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: THE LOSS PREVENTION NETWORK INC.

## Current Principal Place of Business:

9501 FONTAINEBLEAU BLVD.  
APT 306  
MIAMI, FL 33172 US

## New Principal Place of Business:

14574 SW 161 COURT  
MIAMI, FL 33196 US

## Current Mailing Address:

9501 FONTAINEBLEAU BLVD.  
APT 306  
MIAMI, FL 33172 US

## New Mailing Address:

14574 SW 161 COURT  
MIAMI, FL 33196 US

FEI Number: 20-4426762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLDS, SHAWN  
9501 FONTAINEBLEAU BLVD.  
APT 306  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

MICHETTI, MICHAEL  
14574 SW 161 COURT  
MIAMI, FL 33196 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: MICHAEL MICHETTI

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: MICHETTI, MICHAEL  
Address: 9501 FONTAINEBLEAU BLVD, APT 306  
City-St-Zip: MIAMI, FL 33172 US

Title: DIR ( ) Delete  
Name: OLDS, SHAWN  
Address: 9501 FONTAINEBLEAU BLVD. APT. 306  
City-St-Zip: MIAMI, FL 33172 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: MICHETTI, MICHAEL  
Address: 14574 SW 161 COURT  
City-St-Zip: MIAMI, FL 33196 US

Title: DIR (X) Change ( ) Addition  
Name: OLDS, SHAWN  
Address: 14574 SW 161 COURT  
City-St-Zip: MIAMI, FL 33196 US

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: MICHAEL MICHETTI

DIR

01/24/2007

Electronic Signature of Signing Officer or Director

Date