


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

03-24-2008 90049 034 ***158.75

DOCUMENT # P07000011195 1. Entity Name TACTICAL PROTECTION CORP																										
Principal Place of Business 10833 NW 7 ST 13 MIAMI, FL 33172			Mailing Address 10833 NW 7 ST 13 MIAMI, FL 33172																							
2. Principal Place of Business - No P.O. Box # 1401 NW 17 Ave		3. Mailing Address 12804 SW 48 Ter																								
Suite, Apt. #, etc. MIAMI, FL 33125		Suite, Apt. #, etc. 																								
City & State 		City & State MIAMI, FL 3		4. FEI Number 30-0399974																						
Zip 33125		Country Dade		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																						
Zip 33175		Country Dade		Applied For <input type="checkbox"/> Not Applicable																						
6. Name and Address of Current Registered Agent ENAMORADO, MARLON A 10833 NW 7 ST 13 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																						
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Marlon A Enamorado</i></u> president 04/24/08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing)</small>																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																								
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ENAMORADO, MARLON A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>10833 NW 7 ST 13 MIAMI, FL 33172</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	ENAMORADO, MARLON A		CITY-ST-ZIP	10833 NW 7 ST 13 MIAMI, FL 33172		TITLE	NAME	Change	Addition	STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																										
SIGNATURE: <u><i>Marlon A Enamorado</i></u> 3/19/08 (305) 326-1175 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										