
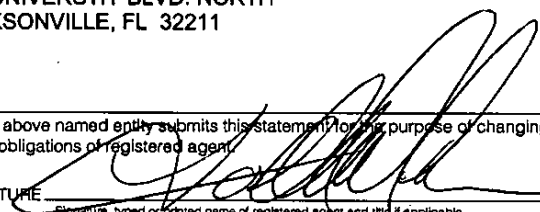



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90022 013 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P07000058616 | | | |  | |
| 1. Entity Name GENUINE PROTECTION INSURANCE SERVICES, INC. | | | | | |
| Principal Place of Business 6010 DUCRAY RD. SUITE 2 JACKSONVILLE, FL 32244 | | | Mailing Address 4495-304 ROOSEVELT BLVD. SUITE 276 JACKSONVILLE, FL 32221 | | |
| 2. Principal Place of Business - No P.O. Box # 10957-C Atlantic Blvd Suite, Apt. #, etc. | | 3. Mailing Address 10957-C Atlantic Blvd Suite, Apt. #, etc. | | | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 26-0192065 | |
| Zip 32225 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALEXANDRE, GUY M 993 UNIVERSTIY BLVD. NORTH JACKSONVILLE, FL 32211 | | | 7. Name and Address of New Registered Agent Name Todd Watson, Attorney at Law Street Address (P.O. Box Number is Not Acceptable) 7785 Baymeadows Way, Suite 107 City Jacksonville FL Zip Code 32256 | | |
| 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  2/27/08 <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALEXANDRE, GUY <input type="checkbox"/> Delete 6010 DUCRAY RD. SUITE 2 JACKSONVILLE, FL 32244 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Alexandre, Guy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8359 Windypine Lane Jacksonville, FL 32244 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Abrenica, Maribelle 948 Candlebark Drive Jacksonville, FL 32225 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | 2/27/08 904/998-9801 <small>Daytime Phone #</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |