

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077108

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: PROTECTION TECHNOLOGIES SERVICE, CORPORATION

## Current Principal Place of Business:

10001 N.W. 50TH STREET  
SUITE 108  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

10001 N.W. 50TH STREET  
SUITE 108  
SUNRISE, FL 33351

## New Mailing Address:

FEI Number: 26-3090715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEEDON, GERALD W  
1200 RIVERPLACE BLVD.  
SUITE 800  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCHRAG, PAUL  
Address: 8389 N.W. 143RD TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP/T ( ) Delete  
Name: TORRES-LARA, BRUNO  
Address: 15019 S.W. 141 PLACE  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Delete  
Name: FLYNN, JAMES  
Address: 6 COTTAGE GROVE WOODS  
City-St-Zip: CEDAR RAPIDS, IA 52403

Title: CEO ( ) Delete  
Name: FLYNN, JAMES  
Address: 6 COTTAGE GROVE WOODS  
City-St-Zip: CEDAR RAPIDS, IA 52403

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: FLYNN, JAMES  
Address: 6 COTTAGE GROVE WOODS  
City-St-Zip: CEDAR RAPIDS, IA 52403

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES FLYNN

CEO

01/29/2009

Electronic Signature of Signing Officer or Director

Date