

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21306

FILED
Apr 10, 2007
Secretary of State

Entity Name: MASTER PROTECTION CORPORATION

Current Principal Place of Business:

ONE TOWN CENTER ROAD
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

ONE TOWN CENTER ROAD
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 94-3077928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: SNYDER, MICHAEL F
Address: 100 SIMPLEX DRIVE
City-St-Zip: WESTMINSTER, MA 01441

Title: S () Delete
Name: MOROZE, M. BRIAN
Address: 100 SIMPLEX DRIVE
City-St-Zip: WESTMINSTER, MA 01441

Title: T () Delete
Name: ABROMEIT, RICHARD H
Address: 100 SIMPLEX DRIVE
City-St-Zip: WESTMINSTER, MA 01441

Title: D () Delete
Name: FLANIGAN, TIMOTHY E
Address: 100 SIMPLEX DRIVE
City-St-Zip: WESTMINSTER, MA 01441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEEVERS, DEAN L
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: S (X) Change () Addition
Name: MOROZE, M. BRIAN
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Change () Addition
Name: ABROMEIT, RICHARD H
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change () Addition
Name: RAMO, BRUCE
Address: ONE TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

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: AMY EHNE

POA

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date