

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 18, 2009  
Secretary of State**

DOCUMENT# P35908

Entity Name: ASSET PROTECTION TEAM, INC.

**Current Principal Place of Business:**

5870 TRINITY PARKWAY STE 300  
CENTREVILLE, VA 20120

**New Principal Place of Business:**

**Current Mailing Address:**

5870 TRINITY PARKWAY STE 300  
CENTREVILLE, VA 20120

**New Mailing Address:**

FEI Number: 54-1304807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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

**OFFICERS AND DIRECTORS:**

Title: SDGC ( ) Delete  
Name: WEGNER, BRENT A  
Address: 5870 TRINITY PARKWAY STE 300  
City-St-Zip: CENTREVILLE, VA 20120

Title: PD ( ) Delete  
Name: SHEPPARD, LEMARGUE  
Address: 5870 TRINITY PARKWAY STE 300  
City-St-Zip: CENTREVILLE, VA 20120

Title: TREA ( ) Delete  
Name: RAY, DEBORAH  
Address: 5870 TRINITY PARKWAY STE 300  
City-St-Zip: CENTREVILLE, VA 20120

Title: VP ( ) Delete  
Name: WILKINS, HENRY JR. A  
Address: 5870 TRINITY PARKWAY STE 300  
City-St-Zip: CENTREVILLE, VA 20120

Title: VP ( ) Delete  
Name: SHUSTER, ROBERT D  
Address: 5870 TRINITY PARKWAY STE 300  
City-St-Zip: CENTREVILLE, VA 20120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: ANDREWS, RANDY CEO  
Address: 27959 SMYTH DR  
City-St-Zip: VALENCIA, CA 91355

Title: PRES (X) Change ( ) Addition  
Name: O'HARA, RAYMOND PRES  
Address: 76552 BEGONIA LN.  
City-St-Zip: PALM DESERT, CA 92211

Title: TREA (X) Change ( ) Addition  
Name: TOPF, MIKE TREA  
Address: 475 PARK AVE. SOUTH  
City-St-Zip: NEW YORK, NY 10016

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

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: ROBERT D. SHUSTER

VP

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date