

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045764

FILED
Apr 29, 2009
Secretary of State

Entity Name: PROTECTIVE PRODUCTS INTERNATIONAL CORP.

Current Principal Place of Business:

590 SAWGRASS CORP. PKWY.
SUNRISE, FL 33325 US

New Principal Place of Business:

1649 NORTHWEST 136TH AVENUE
SUNRISE, FL 33323 US

Current Mailing Address:

530 SAWGRASS CORP. PKWY.
SUNRISE, FL 33325 US

New Mailing Address:

1649 NORTHWEST 136TH AVENUE
SUNRISE, FL 33323 US

FEI Number: 59-3187373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIORDANELLA, STEPHEN G.
530 SAWGRASS CORP. PKWY.
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

WILLIAMS, JASON A
1649 NORTHWEST 136TH AVENUE
SUNRISE, FL 33323 US

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: JASON A WILLIAMS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIORDANELLA, STEPHEN G
Address: 590 SAWGRASS CORP. PKWY.
City-St-Zip: SUNRISE, FL 33325

Title: VP D () Delete
Name: AMADOR, DELIA
Address: 590 SAWGRASS CORP. PARKWAY
City-St-Zip: SUNRISE, FL 33325

Title: D () Delete
Name: MOELLER, LARRY
Address: 3220-255 5TH AVENUE SW
City-St-Zip: CALGARY, ALBERTA, XX T2G 3G6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: WILLIAMS, JASON A
Address: 1649 NORTHWEST 136TH AVENUE
City-St-Zip: SUNRISE, FL 33323 US

Title: VPD (X) Change () Addition
Name: AMADOR, DELIA
Address: 1649 NORTHWEST 136TH AVENUE
City-St-Zip: SUNRISE, FL 33323 US

Title: D (X) Change () Addition
Name: STAFFORD, BRIAN L
Address: 1649 NORTHWEST 136TH AVENUE
City-St-Zip: SUNRISE, FL 33323 US

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: JASON A WILLIAMS

CFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date