FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016285 (5)

1. Corporation Name: ULTIMATE SECUEITY PRODUCTS, Inc.
~~ULTIMATE SECURITY PRODUCTS, INC.~~
~~ULTIMATE DEFENSE PRODUCTS, INC.~~

NC 2/28/95

Principal Place of Business	Mailing Address
12643 US HWY 19 HUDSON FL 34667	12643 US HWY 19 HUDSON FL 34667

3. Date Incorporated or Qualified: 02/28/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 16639 SCHEER BLVD.
22: Suite, Apt. #, etc
23: City & State: HUDSON, FL
24: Zip: 34667
25: Country:

2a. Mailing Address
26: 16639 SCHEER BLVD.
27: Suite, Apt. #, etc
28: City & State: HUDSON, FL
29: Zip: 34667
30: Country:

4. FEI Number: 59-3357824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FORGA, DENISE
12643 US HWY 19
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: DENISE PORGA
82 Street Address (P.O. Box Number is Not Acceptable): 16639 SCHEER BLVD.
83
84 City: HUDSON FL 85 Zip Code: 34667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing online)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Denise Porga 5161 Teather St. (Home) Spring Hill, FL 34608	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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****200.00 ****200.00

Late Fee waived, originally remitted $78.75 by May 1

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Denise Porga — May 1, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #