

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90009 044 ***150.00

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| <h1 style="margin: 0;">DOCUMENT # P98000042001</h1> | |
| 1. Entity Name VIOLENCE PREVENTION TECHNOLOGY INC. | |
| Principal Place of Business 3673 PROSPECT AVE NAPLES FL 34104 | Mailing Address 3673 PROSPECT AVE NAPLES FL 34104 |
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |
| Country | Zip |
| 6. Name and Address of Current Registered Agent | |
| MCDONALD, KENNETH J 4063 VINE LN NAPLES FL 34112 | |
| Name | |
| Street Address () | |
| City | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <div style="text-align: right;"><input checked="" type="checkbox"/></div> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State |
| 11. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP P MCDONALD, KENNETH J 4063 VINE LANE NAPLES FL 34112 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02 941-263-1566