## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14631

FILED Feb 10, 2004 Secretary of State

**Entity Name: PROTECTION DESIGN COMPANY, INC. Current Principal Place of Business: New Principal Place of Business:** 6600 E ROGERS CIRCLE 936 CLINT MOORE ROAD BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US **Current Mailing Address: New Mailing Address:** 5030 CHAMPION BLVD G6-247 5030 CHAMPION BLVD #G6-247 BOCA RATON, FL 334962473 US BOCA RATON, FL 334962473 US FEI Number: 65-0311823 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKMANN, BARBARA A DICKMANN, BARBARA A P 4880 GLENN PINE LANE 4880 GLENN PINE LANE BOYNTON BEACH, FL 33436 US BOYNTON BEACH, FL 33436 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: BARBARA A. DICKMANN 02/10/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DICKMANM, BARBARA A Name: Name: 4880 GLENN PINE LANE Address: Address: City-St-Zip: BOYNTON BEACH, FL 334366156 City-St-Zip: VΡ Title: Title: () Delete (X) Change ( ) Addition Name: DICKMANN, THOMAS C Name: DICKMANN, THOMAS C 4880GLENN PINE LANE 4880 GLENN PINE LANE Address: Address: BOYNTON BEACH, FL 334366156 BOYNTON BEACH, FL 334366156 City-St-Zip: City-St-Zip: Title: DVP ( ) Delete Title: () Change () Addition KRONENGOLD, CHERYL L Name: Name: 308 SW/ 29TH AVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: DVP () Delete Title: () Change () Addition DICKMANN, CRAIG T Name: Name: Address: 3875 MAJESTIC PALM WAY Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: B.A. DICKMANN P 02/10/2004