

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14631

FILED
Apr 19, 2005
Secretary of State

Entity Name: PROTECTION DESIGN COMPANY, INC.

Current Principal Place of Business:

936 CLINT MOORE ROAD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

5030 CHAMPION BLVD #G6-247
BOCA RATON, FL 334962473 US

New Mailing Address:

FEI Number: 65-0311823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKMANN, BARBARA A P
4880 GLENN PINE LANE
BOYNTON BEACH, FL 33436 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICKMANM, BARBARA A
Address: 4880 GLENN PINE LANE
City-St-Zip: BOYNTON BEACH, FL 334366156

Title: VP () Delete
Name: DICKMANN, THOMAS C
Address: 4880 GLENN PINE LANE
City-St-Zip: BOYNTON BEACH, FL 334366156

Title: DVP () Delete
Name: KRONENGOLD, CHERYL L
Address: 308 SW 29TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP () Delete
Name: DICKMANN, CRAIG T
Address: 3875 MAJESTIC PALM WAY
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: BARBARA A. DICKMANN

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date