2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State
07-06-2007 90020 036 ***150.00

DOCUMENT # F05000004817

1. Entity Name
POSITIVE PROTECTION, INC.

Principal Place of Business	Mailing Address
504 E ALVARADO ST #205 FALL BROOK CA 92028	504 E ALVARADO ST #205 FALL BROOK CA 92028

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-2238850 ✓ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~FOLEY, ROBERT~~ Kenneth Mullins.
~~37 LOGO COURT~~ 1104 Sunset Ridge Lane
~~FT. MYERS FL 33912~~ Tarpon Springs, FL 34689.

7. Name and Address of New Registered Agent

Name KENNETH MULLINS
Street Address (P.O. Box Number is Not Acceptable) 1104 SUNSET RIDGE LANE
City TARPON SPRINGS FL Zip Code 34689

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kenneth Mullins [signature] 6-27-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRUEGGEMAN, ROBERT R		NAME	
STREET ADDRESS	3950 CONCORDIA LANE		STREET ADDRESS	
CITY-ST-ZIP	FALL BROOK CA 92028		CITY-ST-ZIP	
TITLE	ST	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	RODRIGUES, TINA		NAME	
STREET ADDRESS	33017 BONITA MESA		STREET ADDRESS	
CITY-ST-ZIP	TEMECULA CA 92392		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BRUEGGEMAN 6-19-07 760-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #