

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39009

FILED
May 22, 2008
Secretary of State

Entity Name: ARMER PROTECTION, INC.

Current Principal Place of Business:

2195 N. ANDREWS AVE EXT
12
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50108
LIGHTHOUSE POINT, FL 33074 US

New Mailing Address:

FEI Number: 65-0079738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMEROS, STEVE J.
2195 N ANDREWS AVE
#12
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

ARMEROS, ARLENE
2195 N ANDREWS AVE
#12
POMPANO BEACH, FL 33069 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: ARLENE ARMEROS 05/22/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: ARMEROS, STEVE J.,
Address: 2195 N ANDREWS AVE EXT #12
City-St-Zip: POMPANO BEACH, FL 33069

Title: DIR () Delete
Name: ARMEROS, BONNIE,
Address: 2195 N ANDREWS AVE EXT #12
City-St-Zip: POMPANO BEACH, FL 33069

Title: PRES (X) Delete
Name: ARMEROS, JOHN S
Address: 2198 N ANDREWS AVE EXT #12
City-St-Zip: POMPANO BEACH, FL 33069

Title: V/ST (X) Delete
Name: ARMEROS, ARLENE
Address: 2195 N ANDREWS AVE EXT #12
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ARMEROS, JOHN S.,
Address: 2195 N ANDREWS AVE EXT #12
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP (X) Change () Addition
Name: ARMEROS, ARLENE,
Address: 2195 N ANDREWS AVE EXT #12
City-St-Zip: POMPANO BEACH, FL 33069

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 exemption stated 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 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: ARLENE ARMEROS VP 05/22/2008

Electronic Signature of Signing Officer or Director Date