


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90030 039 ****61.25

DOCUMENT # F07000000113					
1. Entity Name CENTER FOR PUBLIC SAFETY EXCELLENCE, INC.					
Principal Place of Business 4501 SINGER CT SUITE 180 CHANTILLY, VA 20151			Mailing Address 4501 SINGER CT SUITE 180 CHANTILLY, VA 20151		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 54-2053612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DRAGO, JOHN J 175 W WARREN AVE LONGWOOD, FL 32750			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUEGMAN, RANDY R		NAME		
STREET ADDRESS	450 M STREET		STREET ADDRESS		
CITY-ST-ZIP	FRESNO, CA 93721		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAGO, JOHN J		NAME		
STREET ADDRESS	175 W WARREN AVE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T,S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, MIKE		NAME		
STREET ADDRESS	1302 FOX GLEN DR		STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES, IL 60174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CLIFF		NAME		
STREET ADDRESS	1400 APACHE BLVD		STREET ADDRESS		
CITY-ST-ZIP	TEMPE, AZ 85281		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Baker, Max H	
STREET ADDRESS			STREET ADDRESS	5095 Quemazon	
CITY-ST-ZIP			CITY-ST-ZIP	Los Alamos, NM 87544	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <u>Randy R. Bruegman</u>			<u>Randy R. Bruegman</u>		559-621-4001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>