


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90073 015 \*\*\*\*61.25

<b>DOCUMENT # N30694</b>			
1. Entity Name <b>AMERICAN ASSOCIATION OF STATE TROOPERS, INC.</b>			
Principal Place of Business <b>1949 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3778 US</b>		Mailing Address <b>1949 RAYMOND DIEHL ROAD TALLAHASSEE FL 32308-3778 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2952895</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>COX, J. ALAN 1660 METROPOLITAN CIRCLE TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, W. WAYNE		NAME	Moore, Thomas E.	
STREET ADDRESS	14625 EHLEN ROAD, NE		STREET ADDRESS	11355 Eva Ln.	
CITY-ST-ZIP	AURORA OR 97002		CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, ROBERT		NAME	Witt, David L.	
STREET ADDRESS	PO BOX 243 N/A		STREET ADDRESS	14605 Rock Creek Rd.	
CITY-ST-ZIP	REEDSVILLE WV 26547		CITY-ST-ZIP	Sheridan, OR 97378	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CLAUDE		NAME	Barbier, Keith	
STREET ADDRESS	PO BOX 209 N/A		STREET ADDRESS	22322 Rangerview Dr.	
CITY-ST-ZIP	MEMPHIS TN 38101		CITY-ST-ZIP	Katy, TX 77450	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITT DAVID L		NAME	Johnson, Claude I.	
STREET ADDRESS	14605 ROCK CREEK RD		STREET ADDRESS	Po Box 388	
CITY-ST-ZIP	SHERIDAN OR 97378		CITY-ST-ZIP	Ellendale, TN 38029	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TOMMY		NAME	Johnson, James D.	
STREET ADDRESS	11355 EVA LANE		STREET ADDRESS	2950 Spring Chase Ln	
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP	Marianna, FL 32446	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VIRGINIA J		NAME	Lane, Jeffrey	
STREET ADDRESS	493 STONEHOUSE ROAD		STREET ADDRESS	435 Canterbury Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	Halifax, VA 24558	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alan Cox* 1-25-06 850 385 7904