

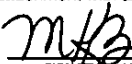


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90057 006 ****70.00

DOCUMENT # N36226			
1. Entity Name POLICE OFFICER ASSISTANCE TRUST, INC.			
Principal Place of Business 2634 NW 97 AVE MIAMI, FL 33172 US		Mailing Address 2634 NW 97 AVE MIAMI, FL 33172 US	
2. Principal Place of Business 1030 NW 111 Avenue		3. Mailing Address 1030 NW 111 Avenue	
Suite, Apt. #, etc. 232		Suite, Apt. #, etc. 232	
City & State Miami FL		City & State Miami FL	
Zip 33172	Country USA	Zip 33172	Country USA
4. FEI Number 65-0164129		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUGLER, MARILYN 2634 N.W. 97 AVENUE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Butler, Marilyn K. Street Address (P.O. Box Number is Not Acceptable): 1030 NW 111 Avenue, Suite 232 City: Miami FL Zip Code: 33172	
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:  Marilyn Kugler Butler		Treasurer 2/2/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROTHLEIN, STEVE D. DIR. 9105 NW 25 ST, ROOM 3072 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Loftus, James K. 9105 NW 25 St. Room 3074 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOFTUS, JAMES CHIEF 9105 NW 25 ST, ROOM 2105 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gonzalez, Rudy Room 2088 9105 NW 25 St. Miami FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KUGLER, MARILYN OFC. 2634 N.W. 97 AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Butler, Marilyn K. 1030 NW 111 Avenue, Suite 232 Miami FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAAS, FRED CHIEF 17070 COLLINS AVE, SUITE 255 SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hudak, Ed 2801 Salzedo Street Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Marilyn Kugler Butler		2/2/06 305-594-6662	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	