

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007**  
**Secretary of State**

DOCUMENT# N36226

Entity Name: POLICE OFFICER ASSISTANCE TRUST, INC.

**Current Principal Place of Business:**

1030 NW 111 AVE STE 232  
MIAMI, FL 33172 US

**New Principal Place of Business:**

1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 US

**Current Mailing Address:**

1030 NW 111 AVE STE 232  
MIAMI, FL 33172 US

**New Mailing Address:**

1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 US

FEI Number: 65-0164129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BUTLER, MARILYN K  
1030 NW 111 AVE STE 232  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

BUTLER, MARILYN K  
1030 NW 111 AVE  
SUITE 232  
MIAMI, FL 33172 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: \_\_\_\_\_ Date: 01/25/2007  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

- Title: PO ( ) Delete
- Name: LOFTUS, JAMES K
- Address: 9105 NW 25 ST RM 3074
- City-St-Zip: MIAMI, FL 33172 US
  
- Title: VP ( ) Delete
- Name: GONZALEZ, RUDY
- Address: 9105 NW 25 ST RM 2088
- City-St-Zip: MIAMI, FL 33172 US
  
- Title: T ( ) Delete
- Name: BUTLER, MARILYN K
- Address: 1030 NW 111 AVE STE 232
- City-St-Zip: MIAMI, FL 33172 US
  
- Title: S ( ) Delete
- Name: HUDAK, ED
- Address: 2801 SALZEDO ST
- City-St-Zip: MIAMI, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

- Title: ( ) Change ( ) Addition
- Name:
- Address:
- City-St-Zip:
  
- Title: ( ) Change ( ) Addition
- Name:
- Address:
- City-St-Zip:
  
- 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN K. BUTLER      T      Date: 01/25/2007  
Electronic Signature of Signing Officer or Director