2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37080

FILED Apr 29, 2006 Secretary of State

Entity Name: NATIONAL ACADEMY OF POLICE DIVING, INC. (NAPD)

Current Principal Place of Business: New Principal Place of Business: 14254 S.W. 285 TR HOMESTEAD, FL 33033 US **Current Mailing Address: New Mailing Address:** 14254 S.W. 285 TR HOMESTEAD, FL 33033 US FEI Number: 65-0177556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAST, MICHAEL W GAST, MICHAEL W 19643 NW 87 COURT 11420 SW 55 STREET MIAMI, FL 33018 MIAMI, FL 33165 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: 04/29/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GAST, MICHAEL W GAST, MICHAEL W Name: Name: 19643 NW 87 COURT Address: 11420 SW 55 STREET Address: City-St-Zip: MIAMI, FL 33018 City-St-Zip: MIAMI, FL 33165 Title: () Delete Title: () Change () Addition Name: TOY, PAUL Name: Address: 750 N.E. 165 STREET Address: City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition ROQUE, OSCAR RUIDIAZ, REY Name: Name: 7617 S.W. 117 AVENUE 3303 TWLIGHT LANE #5104 Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: NAPLES, FL 34109 () Change (X) Addition Title: () Delete Title: LINDENAUER, JULIAN Name: Name: 3410 BISCAYNE DRIVE Address: Address: City-St-Zip: City-St-Zip: MERRITT ISLAND, FL 32953 Title: () Delete Title: () Change (X) Addition TALLEY, JOEL Name: Name: ONE ACADEMY BLVD. Address: Address: City-St-Zip: City-St-Zip: BIG SANDY, TX 75755 Title: () Delete Title: () Change (X) Addition BECK, DANIEL Name: Name: Address: Address: 333 NORTH MAIN STREET LIMA, OH 45821 City-St-Zip: 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: MICHAEL W GAST PD 04/29/2006