2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90180 020 ***150.00

J00049731

DOCUMENT # P02000133995

1. Entity Name
POLICE EQUIPMENT WORLDWIDE,INC.

Principal Place of Business	Mailing Address
PO BOX 771507 OCALA, FL 34477	PO BOX 771507 OCALA, FL 34477

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11155 LU WISTA LN	11155 LU WISTA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL	City & State: BROOKSVILLE, FL
Zip: 34601 Country: HERNANDO	Zip: 34601 Country: HERNANDO

4. FEI Number 72-1543586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ANNE C
14500 NW HWY 464B
MORRISTON, FL 32668

7. Name and Address of New Registered Agent

Name: ANNE ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 11155 LU WISTA LANE
City: BROOKSVILLE FL Zip Code 34601

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, ANNE PO BOX 771507 OCALA, FL 34477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANNE ANDERSON 11155 LU WISTA LN. BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCINIAK, TEK PO BOX 771507 OCALA, FL 34477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEK MARCINIAK 11155 LU WISTA LN BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: [signature] ANNE ANDERSON 4/26/05 352-544-1049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #