

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-20-2007 90054 007 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000110815 1. Entity Name DRT SECURITY TRAINING CENTER, INC.			
Principal Place of Business 1370 WASHINGTON AVENUE STE 225 MIAMI BEACH, FL 33139		Mailing Address 1370 WASHINGTON AVENUE STE 225 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. STE 203		Suite, Apt. #, etc. STE 203	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-5772446		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHONEY, ROBERT F 7777 GLADES ROAD SUITE 209 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME WASHINGTON, JOSEPH T	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
STREET ADDRESS 1370 WASHINGTON AVENUE, STE 225	CITY-ST-ZIP MIAMI BEACH, FL 33139	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 			
TITLE 	<input type="checkbox"/> Delete NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 	
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CITY-ST-ZIP 		CITY-ST-ZIP 	
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STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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 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: 		JOSEPH T WASHINGTON	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	