2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 25, 2006 8:00 am Secretary of State DOCUMENT # N9400000112 07-25-2006 90021 030 ****61.25 INTERNATIONAL POLICE ASSOCIATION, UNITED STATES SECTION, REGION ELEVEN, INC. FLORIDA'S **GOLD COAS** Principal Place of Business Mailing Address 8230 N.W. 68 TERRACE P.O. BOX 970266 TAMARAC, FL 33321 COCONUT CREEK, FL 33097 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192006 Chg-NP CR2E037 (4/06) City & State FEI Number 23-7353558 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent KREUTER, RICHSRD S 8230 NW 68 TERRACE TAMARAC, FL 33321 يوزد 8. The above named entity submits this statement for the purpose of changing its registered office or ed agent, or both, ip the State of Florida. I am familiar the obligations of registered agent. SIGNATURE T \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME KILLEN, ROBERT NAME STREET ADDRESS 7147 NW 78 PLACE STREET ADDRESS CITY+ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP TITLE Delete Addition KREUTER, RICHARD NAME NAME STREET ADDRESS 8230 N.W. 68 TERRACE STREET ADDRESS TAMARAC, FL 33321 CITY-ST-7IP CITY-ST-ZIP TITL F ☐ Delete TITLE Addition GARRISON, WILLIAM NAME 9089 CHARLIE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete П Спалое ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. Thereby 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 of the corporation of the eceiver or trustee empowered to execute this report as payment in Chapter 6 1 Florida Statutes; and that my name appears in Block 10 or Block 11

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

FILED