


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90054 046 ****61.25

DOCUMENT # 763386	
1. Entity Name CRIME STOPPERS OF MIAMI-DADE COUNTY, INC.	

Principal Place of Business 1030 NW 111 AVE. MIAMI, FL 33172	Mailing Address 1030 NW 111 AVE. MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2214818	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SULLIVAN, JACK 1030 NW 111 AVE MIAMI, FL 33172	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, JACK			NAME			
STREET ADDRESS	1030 NW 111 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	PRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESNES, RICK			NAME	LERNER, RICK		
STREET ADDRESS	1030 NW 111 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, SUZETTE			NAME			
STREET ADDRESS	1030 NW 111TH AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	SEC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNBURG, PATRICIA J			NAME			
STREET ADDRESS	1030 NW 111 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	TRES	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, WILLIAM A			NAME			
STREET ADDRESS	1030 NW 111 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
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 617, 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:  **JACK SULLIVAN** **JAN. 7, 2007** **305-471-6160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #