2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006631

3601 NORTH BELT WEST

BELLEVILLE, IL 62226

Address: City-St-Zip: FILED Apr 21, 2006 Secretary of State

Entity Nam	ne: YALE ENF	FORCEMENT SERVICES, INC.		•	
Current Principal Place of Business:			New Principal Place	of Business:	
	TH BELT WES E, IL 62226	Т			
Current Mailing Address:			New Mailing Address	s:	
	TH BELT WES E, IL 62226	Т			
FEI Number:	37-0995579	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
INCORPORATING SERVICES, LTS. 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 US			7313 TWELVE OAKS	MORROW, LORI J MANAGER 7313 TWELVE OAKS BLVD TAMPA, FL, FL 33634 US	
The above in the State	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LORI J. MORROW				04/21/2006	
Electronic Signature of Registered Agent			t	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () YALE, BARBAR 3601 NORTH BE BELLEVILLE, IL	ELT WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () KRNETA, JENNI 3601 NORTH BI BELLEVILLE, IL	ELT WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () YALE, CHRISTO	Delete PPHER	Title: Name:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BARBARA YALE PCD 04/21/2006