

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002935

FILED
Jan 27, 2004
Secretary of State

Entity Name: INTERNATIONAL LAW ENFORCEMENT GAMES, INC.

Current Principal Place of Business:

2014 KENNETH ST
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2014 KENNETH ST
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 31-1292575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D ESQ
ONE INDEPENDENT SQUARE, SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: DEMERS, NORMAN O
Address: 2014 KENNETH ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: BAUERS, NORB
Address: 2014 KENNETH ST
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: MAXEY, BUD
Address: 2014 KENNETH ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: BINGLE, DOUG
Address: 2014 KENNETH ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD () Delete
Name: CASEY, MIKE
Address: 2014 KENNETH ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: GACZEWSKI, JAMES
Address: P.O. BOX 989
City-St-Zip: FLIPPIN, AR 72634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN O DEMERS

M

01/27/2004

Electronic Signature of Signing Officer or Director

Date