

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L14684	
1. Entity Name LAW ENFORCEMENT DEVELOPMENT COMPANY	

Principal Place of Business 2167 MARIE STREET WESTLAND, MI 48185 US	Mailing Address 2167 MARIE STREET WESTLAND, MI 48185 US
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2951499	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____
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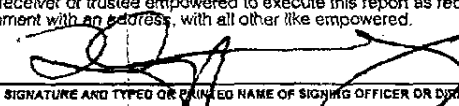
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZANI, MICHAEL 2167 MARIE STREET WESTLAND, MI 48185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNUST, MICHAEL J 2167 MARIE ST WESTLAND, MI 48185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MUZQUIZ, DANIEL 2167 MARIE STREET WESTLAND, MI 48185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLET, DAVID 20 WILLIAM STREET, SUITE 250 WELLESLEY HILLS, MA 02481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, MOLLY 225 SOUTH 6TH STREET, SUITE 4350 MINNEAPOLIS, MN 55402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, JAMES 20 WILLIAM STREET, SUITE 250 WELLESLEY HILLS, MA 02481

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U00000397687
01/30/06 B0059-014 150.00

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: 	Daniel Muzquiz	1-16-2006	734-728-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #