

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004504

FILED
Feb 23, 2005
Secretary of State

Entity Name: HIGH TECH CRIME INSTITUTE LLC

Current Principal Place of Business:

197 REPLACEMENT AVE
FT. LEONARD WOOD, MO 65473

New Principal Place of Business:

Current Mailing Address:

197 REPLACEMENT AVE
FT. LEONARD WOOD, MO 65473

New Mailing Address:

FEI Number: 01-0629591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGH TECH CRIME INSTITUTE LLC
28100 US HWY 19 N, SUITE 203
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

PEARSON, STEPHEN F DIR
28100 US HWY 19 N, SUITE 203
CLEARWATER, FL 33761 US

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: STEPHEN PEARSON

02/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PEARSON, STEPHEN
Address: 28100 US HWY 19 N., SUITE 203
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM () Delete
Name: BROOKE, CHARLES
Address: 197 REPLACEMENT AVE
City-St-Zip: FT. LEONARD WOOD, MO 65473

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN PEARSON

DIR

02/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date