


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-24-2005 90055 027 \*\*\*\*70.00

<b>DOCUMENT # N04000000900</b>		
1. Entity Name TEEN POLICE ACADEMY, INC.		

Principal Place of Business 3350 HIBISCUS STREET MIAMI, FL 33133	Mailing Address 3350 HIBISCUS STREET MIAMI, FL 33133
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**50063124**



2. Principal Place of Business <i>3674 Grand Ave.</i>		3. Mailing Address <i>3674 Grand Ave</i>	
Suite, Apt. #, etc. <i>103</i>		Suite, Apt. #, etc. <i>103</i>	
City & State <i>Coconut Grove, FL</i>		City & State <i>Coconut Grove, FL</i>	
Zip <i>33133</i>	Country <i>Dade</i>	Zip <i>33133</i>	Country <i>Dade</i>

07192005 Chg-NP CR2E037 (10/03)

4. FEI Number <i>59-3781646</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HOLTON, RICHARD 3350 HIBISCUS STREET MIAMI, FL 33133	
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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 <i>[Signature]</i>	DATE <i>8/23/05</i>

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARLING, GERALD 3350 HIBISCUS STREET MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALONE, OMAR 3350 HIBISCUS STREET MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, CINDY 3350 HIBISCUS STREET MIAMI, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3674 Grand Ave, Suite 103 Coconut Grove, FL 33133</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3674 Grand Ave, Suite 103 Coconut Grove, FL 33133</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3674 Grand Ave, Suite 103 Coconut Grove, FL 33133</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: <i>[Signature]</i>	DATE: <i>8/23/05</i>	DAYTIME PHONE: <i>305-443-7363</i>
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