2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2006
Secretary of State

DOCUMENT# N04509

Entity Name: THE FLORIDA FBI NATIONAL ACADEMY ASSOCIATES, INC.

Current Principal Place of Business:

1504 KNOLL RIDGE DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

1504 KNOLL RIDGE DRIVE
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 59-2524499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULDOON, DOUGLAS F
1504 KNOLL RIDGE DRIVE
MELBOURNE, FL 32940 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: ST ( ) Delete
Name: MULDOON, DOUGLAS F
Address: 1504 KNOLL RIDGE DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: PD ( ) Delete
Name: BESELER, PAUL R
Address: 302 ST. JOHNS AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD ( ) Delete
Name: LAMBERTI, AL
Address: 6970 N.W. 23RD AVENUE
City-St-Zip: MARGATE, FL 32063

Title: VD ( ) Delete
Name: TERRY, GARY
Address: 2013 SINCLAIR HILLS ROAD
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: FITZPATRICK, JAMES
Address: 1410 S.W. 54TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete
Name: MULLEN, TERRANCE
Address: 870 CORAL RIDGE DRIVE, #301
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: BESELER, PAUL R
Address: 302 ST. JOHNS AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD (X) Change ( ) Addition
Name: HALL, WILLIAM C
Address: 914 HAMLIN DRIVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: PD (X) Change ( ) Addition
Name: TERRY, GARY
Address: 2013 SINCLAIR HILLS ROAD
City-St-Zip: LUTZ, FL 33549

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

SIGNATURE: DOUGLAS F. MULDOON ST 01/14/2006

Electronic Signature of Signing Officer or Director — Date