2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001758

Entity Name: FLORIDA CPTED NETWORK INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8227 TANSY DRIVE 482 S. KELLER ROAD ORLANDO, FL 32819 ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

8227 TANSY DRIVE 482 S. KELLER ROAD ORLANDO, FL 32819 ORLANDO, FL 32810

FEI Number: 65-0788114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE TREVILLE, RICK

8227 TANSY DRIVE

ORLANDO, FL 32819

US

CABORN, KRISTIN

482 S. KELLER ROAD

ORLANDO, FL 32810

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: SUSAN P. AJOC 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

Name: AJOC, SUSAN P Name:

Address: CITY OF ST. PETERSBURG; P.O. BOX 2842 Address: City-St-Zip: ST. PETERSBURG, FL 33731 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 FERGUESON, TROY
 Name:

 Address:
 PASCO CTY SHERIFF'S OFF; 8700 CITIZEN DR
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34654
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 HARPER, ANN MARIE
 Name:

 Address:
 1112 MANATEE AVENUE WEST
 Address:

 City-St-Zip:
 BRADENTON, FL 34205
 City-St-Zip:

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 DETREVILLE, RICK
 Name:
 CABORN, KRISTIN

 Address:
 8227 TANSEY DRIVE
 Address:
 482 S. KELLER ROAD

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN P. AJOC P 04/29/2009