## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09665

FILED Jan 12, 2006 Secretary of State

Entity Name: FLORIDA LAW ENFORCEMENT GAMES INCORPORATED

Current Principal Place of Business:				New Principal Place of Business:		
2014 KENN JACKSON\	IETH ST. /ILLE, FL 3	2207				
Current Mailing Address:				New Mailing Address:		
2014 KENN JACKSON\	IETH ST. /ILLE, FL 3	2207				
FEI Number:	59-2659870	FEI Number Applied For()	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:		Name and	Address of	f New Registered Agent:
	PENDENT S	SQUARE 22022059 US				
The above in the State		y submits this statement for the	purpose of	changing it	s registered	d office or registered agent, or both,
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CASEY, MIC 13716 74TH			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	DEMERS, NO 2014 KENNE			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D BAUERS, NO 1814 WHITE CLOVER, SO	IBIS CT		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD BINGLE, DOI 310 MIRAMA LAKELAND, I	R ROAD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D MAXEY, H. B 333 W. SLIG TAMPA, FL	H AVE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GACZEWSK 6245 SILVER			Title: Name: Address: City-St-Zip:	GACZEWSK 6245 SILVER	

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: NORMAN DEMERS DP 01/12/2006