

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90036 007 ****70.00

DOCUMENT # N14030			
1. Entity Name NATIONAL ASSOCIATION OF POLICE EQUIPMENT DISTRIBUTORS, INC.			
Principal Place of Business 712 E TURKEY ROOST DR GREENVILLE, FL 32331		Mailing Address 712 E TURKEY ROOST DR GREENVILLE, FL 32331	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04092008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0015225		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERTIERRA, TOM 712 E. TURKEY ROOST DRIVE GREENVILLE, FL 32331		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLAN, KAREN M			NAME			
STREET ADDRESS	7609 MIDLOTHIAN TURNPIKE			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23235			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONVILLE, SEAN			NAME			
STREET ADDRESS	772 CORPORATE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	NEW CUMBERLAND, PA 17070			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEINZEN, TIM			NAME			
STREET ADDRESS	218 FOURPARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	LAFAYETTE, LA 70507			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINDER, RICHARD L JR			NAME			
STREET ADDRESS	13200 REECK RD SOUTH			STREET ADDRESS			
CITY-ST-ZIP	SOUTHGATE, MI 48195			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNHARDT, ANDY			NAME			
STREET ADDRESS	1309 5TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MOLINE, IL 61265			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Bill Strang		
STREET ADDRESS				STREET ADDRESS	P.O. Box 1840		
CITY-ST-ZIP				CITY-ST-ZIP	Harrisonburg, VA 22801		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Tom A. Perterra* **4/9/08** **850-997-6308**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #