


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 003 ****70.00

DOCUMENT # N31409		
1. Entity Name FLORIDA ASSOCIATION OF POLICE EXPLORERS, INC.		

Principal Place of Business 6601 N.W. 25TH ST ATTN: CPL M.W. SIMPSON MIAMI, FL 33122 US	Mailing Address POST OFFICE BOX 4466 SEMINOLE, FL 33775-4466 US
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40096540



2. Principal Place of Business - No P.O. Box # 10750 Ulmerton Rd.	3. Mailing Address P.O. Box 4466
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State Largo, FL	City & State Seminole, FL
Zip 33778	Zip 33775
Country USA	Country USA

4. FEI Number 59-2434682	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORCUM, BEVERLY A CFO 9070 109 AVENUE LARGO, FL 33777-1116

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMPSON, MICHAEL W CEO 5810 BRANCH AVENUE TAMPA, FL 336047064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dan Whittaker 1350 Ridgecreek Ave. Venice, FL 34292 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NORCUM, BEVERLY A CFO 9070 109 AVENUE LARGO, FL 337771116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BEANS, GARY CEO 6601 NW 25TH ST MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodney Bell 10580 Stirling Rd. Cooper City, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTINI, MARK A VP 6119 19 AVENUE NORTH ST PETERSBURG, FL 337104901 <input checked="" type="checkbox"/> Delete <i>Keep</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"/> Delete	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"/> Delete	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 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: Beverly A. Norcum Date: 4/26/07 (727) 552-5646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #