


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 020 ****61.25

DOCUMENT # N93000002590	
1. Entity Name ASSOCIATION FOR SECURITY ADMINISTRATION PROFESSIONALS, INC.	

Principal Place of Business 4940 SW 87 COURT MIAMI, FL 33165 US	Mailing Address 4940 SW 87 COURT MIAMI, FL 33165 US
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0417695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HICKEY, MAUREEN D
4940 SW 87 COURT
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, FRANK 19466 NW 24 PLACE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SULLIVAN, JACK 1030 NW 111 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP FERRON, BRIAN 2851 NE 183 ST AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTZIGGER, DAVID 1201 NW LEJUNE RD MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HICKEY, MAUREEN D 4940 SW 87 CT MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information.

SIGNATURE:  **8-20-05** **305-274-0226**
Signature and typed or printed name of signing officer or director Date Daytime Phone #