

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90363 044 ***150.00

DOCUMENT # P01000016501
 1. Entity Name
 COPS AND FIREFIGHTERS IN BUSINESS, INC.



Principal Place of Business Mailing Address
 13790 N.W. 4TH STREET 13790 N.W. 4TH STREET
 SUITE 106 SUITE 106
 SUNRISE, FL 33325 SUNRISE, FL 33325

2. Principal Place of Business 3. Mailing Address
 601 NW 155 Terrace 601 NW 155 Terrace
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Pembroke Pines FL Pembroke Pines FL
 Zip Country Zip Country
 33028 USA 33028 USA

4. FEI Number Applied For
 65-1083911 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 04172006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent
 ADLER, DEAN J
 13790 NW 4 STREET
 #106
 SUNRISE, FL 33325

7. Name and Address of New Registered Agent
 Name ADLER, DEAN J
 Street Address (P.O. Box Number is Not Acceptable)
 601 NW 155 Terrace
 City Pembroke Pines FL Zip Code 33028

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 DEAN J. ADLER DATE 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ADLER, DEAN J	
STREET ADDRESS	13790 NW 4 STREET, SUITE #106	
CITY-ST-ZIP	SUNRISE, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, DEAN J	
STREET ADDRESS	601 NW 155 Terrace	
CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: DEAN J. ADLER DATE: 4-25-06 (954) 649-2960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #