


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90068 013 ***150.00

DOCUMENT # P01000030975		
1. Entity Name LAW ENFORCEMENT TRAINING AND CONSULTING SERVICES, INC.		

Principal Place of Business 10700 INDIAN TRAIL COOPER CITY, FL 33328	Mailing Address 10700 INDIAN TRAIL COOPER CITY, FL 33328
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2. Principal Place of Business 12460 NW 15th Street Suite, Apt. #, etc. #306 City & State Sunrise, FL Zip 33323 Country U.S.	3. Mailing Address 12460 NW 15 Street Suite, Apt. #, etc. #306 City & State Sunrise, FL Zip 33323 Country U.S.
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04052006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1124690		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 GRIMMING, RONALD 10700 INDIAN TRAIL COOPER CITY, FL 33328		
7. Name and Address of New Registered Agent 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 *Ronald Grimming* DATE 4-9-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMMING, RONALD 10700 INDIAN TRAIL COOPER CITY, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grimming, Ronald 12460 NW 15 Street #306 Sunrise, FL 33323 <input checked="" 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
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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: *Ronald Grimming* DATE 4-9-06 DAYTIME PHONE # 754-224-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR