2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000030975 1. Entity Name LAW ENFORCEMENT TRAINING AND CONSULTING SERVICES, INC.					04-18-2006 90068 013 ***150.00		
Principal Place of Business Mailing Address					-00		
10700 INDIA COOPER CIT		10700 INDIAN TRAIL Cooper City, FL 33328	1		052288	I BOKE MULEUKE IRAN KERELUK	iaal # 281
2. Principal Place of Business 12460 NW 15th Street		3. Mailing Address 12480 NW IS STYCET					
Suite, Apt. #, etc. #306		Suite, Apt. #, etc. # 306		04052006	Chg-P	CR2E034 (11/05)	
City & Ştate		City & State		4. FEI Numi		Ap	plied For
SUnris	SC, FL Country	SUNYISE, FL	Caustru	65-11	24690		t Applicable
3332	3 U.S.	33323	Country U.S.	5. Certificat	e of Status Desired	\$8.75 Add	
	6. Name and Address of Current			7. Name an	d Address of New R	egistered Agent	
GRIMMIN	G RONALD		Name				
GRIMMING, RONALD 10700 INDIAN TRAIL			Street A	Street Address (P.O. Box Number is Not Acceptable)			
COOPER CITY, FL 33328					19181		
			City			□ Zip Code	
		.	1			ru	
The above the obligat	named entity submits this statement to tions of registred agent.	the purpose of changing its re	gistered office or	registered agent, or b			and accept
O/ONATI IDC	Kneld / Dr	mm			4-9.	-01-	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: F	Registered Agent signati	ure required when reinstating)		DATE	
	• , !			45.00			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	S/CHANGES TO OEE	CERS AND DIRECTORS	2 INI 11
TITLE	D	□ Delete	TITLE	D		Change	Addition
NAME	GRIMMING, RONALD		NAME	crimming	, Ronald		
STREET ADDRESS CITY-ST-ZIP	10700 INDIAN TRAIL COOPER CITY, FL 33328		STREET ADDRESS CITY+ST-ZIP	Grimming 124 9 0 Niv Sunrise,	15 STre	er #306	
TITLE	00012110111,12 00020	☐ Delete	TITLE	sunrise,	<u> </u>	Change	☐ Addition
NAME		L. DOIGH	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
NAME		Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			CTOFFT ADDRESS				
CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP				
NAME		☐ Delete	CITY-ST-ZIP TITLE			Change	☐ Addition
name Street adoress		☐ Delete	CITY-ST-ZIP			Change	Addition
			CITY-SI-ZIP TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-SI-ZIP TITLE		☐ Delete	CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME				
STREET ADDRESS CITY-SI-ZIP TITLE			CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE				
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STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		☐ Delete	CITY-S1-ZIP TITLE MAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE			☐ Change	☐ Addition

12. Thereby 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 jeport 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 rustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIJECTOR

4-9-06

754-224-4202 Daytime Phone #