

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 046 ***150.00

DOCUMENT # P01000030975			
1. Entity Name LAW ENFORCEMENT TRAINING AND CONSULTING SERVICES, INC.			
Principal Place of Business 12460 NW 15TH STREET #306 SUNRISE, FL 33323		Mailing Address 12460 NW 15TH STREET #306 SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box # 557 Sunset Pointe Dr.		3. Mailing Address 557 Sunset Pointe Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Placid, FL		City & State Lake Placid, FL	
Zip 33852		Country USA	
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: <u>Grimming, Ronald</u> Street Address (P.O. Box Number is Not Acceptable): <u>557 Sunset Pointe Dr.</u> City: <u>Lake Placid, FL</u> Zip Code: <u>33852</u>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>D</u> NAME: <u>GRIMMING, RONALD</u> STREET ADDRESS: <u>12460 NW 15TH STREET #306</u> CITY-ST-ZIP: <u>SUNRISE, FL 33323</u>	<input type="checkbox"/> Delete	TITLE: <u>D</u> NAME: <u>Grimming, Ronald</u> STREET ADDRESS: <u>557 Sunset Pointe Dr.</u> CITY-ST-ZIP: <u>Lake Placid, FL 33852</u>	<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: <u>Ronald Grimming</u>		<u>3/7/2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

863-465-0853