

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 APR 28 AM 9:2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041638	
1. Entity Name S.E.S. LAW ENFORCEMENT INC.	



Principal Place of Business 2009 FAULK DRIVE TALLAHASSEE, FL 32303	Mailing Address PO BOX 180580 TALLAHASSEE, FL 32318-0580
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**DO NOT WRITE IN THIS SPACE**

03052006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-3714519	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BOWDEN, DANIEL 2009 FAULK DRIVE TALLAHASSEE, FL 32303
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**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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERDINE, KEITH A 1018 SOLDIER CREEK COURT OVIDEA, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWDEN, DANIEL J 2009 FAULK DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200073985792  
05/04/06--01016--025 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other, with all other like empowered.

SIGNATURE:

D.J. Bowden

04-17-06 850-562-0419

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06