2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P02000050848

Entity Name: NATIONAL SECURITY ACADEMY, INC.

Current Principal Place of Business:

26070 BLUE STAR HWY
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

26070 BLUE STAR HWY
HAVANA, FL 32333

New Mailing Address:

FEI Number: 01-0686447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, DAWN
3987 SHILOH CIRCLE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOFFMAN, DAWN
Address: 3987 SHILOH CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: MONAHAN, THOMAS E
Address: 6036 OLD FED HWY
City-St-Zip: QUINCY, FL 32351

Title: T ( ) Delete
Name: CATINO, COLLEEN
Address: 404 LACOSTA STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S ( ) Delete
Name: SORCHYCH, DONALD R
Address: P.O. BOX 48817
City-St-Zip: CAVE CREEK, AZ 85327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MONAHAN CO-D 03/28/2005
Electronic Signature of Signing Officer or Director Date