2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050848

Title:

Name:

Address:

City-St-Zip:

FILED Feb 01, 2006 Secretary of State

Entity Nam	ie: NATIONA	L SECURITY ACADEMY, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
26070 BLUE HAVANA, F	E STAR HWY L 32333						
Current Mailing Address:			New Mailir	New Mailing Address:			
26070 BLUE HAVANA, F	E STAR HWY L 32333						
FEI Number:	01-0686447	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of	f Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
HOFFMAN, 3987 SHILO TALLAHAS		8 US					
The above in the State	named entity s of Florida.	ubmits this statement for the pur	pose of changing it	s registered	office or regis	stered agent, or both,	
SIGNATURE:							
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						е	
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () HOFFMAN, DAW 3987 SHILOH C TALLAHASSEE,	IRCLE	Title: Name: Address: City-St-Zip:	CO-P (X HOFFMAN, DA 3987 SHILOH TALLAHASSE	CIRCLE	ddition	
Title: Name: Address: City-St-Zip:	VP () MONAHAN, THO 6036 OLD FED I QUINCY, FL 32	HWY	Title: Name: Address: City-St-Zip:	CO-P () MONAHAN, TH 3326 HICKOR TALLAHASSE	Y HOLLOW	ddition	
Title: Name: Address: City-St-Zip:	CATINO, COLLE 404 LACOSTA S		Title: Name: Address: City-St-Zip:	() Change ()A	ddition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAWN HOFFMAN CO-P 02/01/2006

() Delete

SORCHYCH, DONALD R

CAVE CREEK, AZ 85327

P.O. BOX 48817

() Change () Addition