2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104356

1. Entity Name

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SARASOTA PROACTIVE LAW ENFOREMENT TRAINING CORPORATION



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

1520 GLEN OAKS DR E UNIT C143

SARASOTA, FL 34232

Mailing Address

1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2072731

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RICHARD D 1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

		į				
	named entity submits this statement for the points of registered agent.	irpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	l Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000382840 01/12/06-80028-025	150.00
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DP LEWIS, RICHARD D 1520 GLEN OAKS DR E UNIT C143 SARASOTA, FL 34232					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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: KICHARD D. Lewis Kuhand

1/13/06 (941) 363-7857 Dayline Phone #