2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109427

LOHNES, DANIELLE

CAPE CORAL, FL 33990

944 COUNTRY CLUB BLVD, STE 108

Name:

Address: City-St-Zip:

Entity Name: TJA USE OF FORCE TRAINING, INC.

FILED Feb 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 944 COUNTRY CLUB BLVD, STE 108 CAPE CORAL, FL 33990 **Current Mailing Address: New Mailing Address:** 944 COUNTRY CLUB BLVD, STE 108 CAPE CORAL, FL 33990 FEI Number: 04-3716432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ARCHAMBAULT, THOMAS J Name: Name: 944 COUNTRY CLUB BLVD, STE 108 Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEWBY, LEONARD P Name: 944 COUNTRY CLUB BLVD, STE 108 Address: Address: CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip: Title: Title: STD () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS J ARCHAMBAULT PRES 02/04/2005