

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109427

FILED  
Jul 04, 2006  
Secretary of State

Entity Name: TJA USE OF FORCE TRAINING, INC.

## Current Principal Place of Business:

944 COUNTRY CLUB BLVD, STE 108  
CAPE CORAL, FL 33990

## New Principal Place of Business:

1301 SW 4TH COURT  
CAPE CORAL, FL 33991

## Current Mailing Address:

944 COUNTRY CLUB BLVD, STE 108  
CAPE CORAL, FL 33990

## New Mailing Address:

1301 SW 4TH COURT  
CAPE CORAL, FL 33991

FEI Number: 04-3716432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: ARCHAMBAULT, THOMAS J  
Address: 944 COUNTRY CLUB BLVD, STE 108  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD ( ) Delete  
Name: NEWBY, LEONARD P  
Address: 944 COUNTRY CLUB BLVD, STE 108  
City-St-Zip: CAPE CORAL, FL 33990

Title: STD ( ) Delete  
Name: LOHNES, DANIELLE  
Address: 944 COUNTRY CLUB BLVD, STE 108  
City-St-Zip: CAPE CORAL, FL 33990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARCHAMBAULT, THOMAS J  
Address: 1301 SW 4TH COURT  
City-St-Zip: CAPE CORAL, FL 33991

Title: VD (X) Change ( ) Addition  
Name: NEWBY, LEONARD P  
Address: 1301 SW 4TH COURT  
City-St-Zip: CAPE CORAL, FL 33991

Title: STD (X) Change ( ) Addition  
Name: LOHNES, DANIELLE  
Address: 1301 SW 4TH COURT  
City-St-Zip: CAPE CORAL, FL 33991

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.

SIGNATURE: THOMAS J ARCHAMBAULT

PD

07/04/2006

Electronic Signature of Signing Officer or Director

Date