

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109427

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** TJA USE OF FORCE TRAINING, INC.

**Current Principal Place of Business:**

1301 SW 4TH COURT  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1301 SW 4TH COURT  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 04-3716432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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

**OFFICERS AND DIRECTORS:**

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

Title: VD  
Name: ARCHAMBAULT, MAUREEN  
Address: 1301 SW 4TH COURT  
City-St-Zip: CAPE CORAL, FL 33991

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J ARCHAMBAULT

PRES

01/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date