

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045178

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** HIGH TECH CRIME INSTITUTE INCORPORATED

**Current Principal Place of Business:**

7935 114TH AVENUE NORTH  
SUITE 1100  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

7935 114TH AVENUE NORTH  
SUITE 1100  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 20-2486855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELLER, SAMUEL J ESQ.  
100 NORTH TAMPA STREET  
SUITE 3500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

HELLER, SAMUEL J ESQ.  
200 CENTRAL AVE, SUITE 290  
ST. PETERSBURG, FL 33701 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:

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MPD  
Name: PEARSON, STEPHEN F  
Address: 7935 114TH AVENUE NORTH - SUITE 1100  
City-St-Zip: LARGO, FL 33773 US

Title: PD  
Name: ESKRIDGE, THOMAS J  
Address: 7935 114TH AVENUE NORTH - SUITE 1100  
City-St-Zip: LARGO, FL 33773 US

Title: T  
Name: GLOGOWSKI, STACEY A  
Address: 7935 114TH AVENUE NORTH - SUITE 1100  
City-St-Zip: LARGO, FL 33773 US

Title: S  
Name: PEARSON, AMANDA  
Address: 7935 114TH AVE N SUITE 1100  
City-St-Zip: LARGO, FL 33773 US

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: AMANDA PEARSON

S

04/24/2012

Electronic Signature of Signing Officer or Director

Date