2008 FOR PROFIT CORPORATION

Mar 27, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000078383 03-27-2008 90036 045 ***150.00 1. Entity Name FLORIDA CITY POLICE OFFICERS TRUST, INC. Principal Place of Business Mailing Address 404 W PALM DR 404 W PALM DR FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03142008 Chg-P Applied For City & State City & State 4. FEI Number 35-2254111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, JERMAINE 404 W PALM DR FLORIDA CITY, FL 33034 8. 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. I am familia the obligations of registered agent. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Change TITLE TITLE Jermaine Brodie JOHNSON, JERMAINE NAME 404 WESTPAIN Drive 404 W PALM DR STREET ADDRESS STREET ADDRESS FLORIDA CITY, FZ 33034 FLORIDA CITY, FL 33034 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition · 🔀 Delete TITLE BARRETT, BARBARA NAME 404 W PALM DR BLDG 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLORIDA CITY, FL 33034 Change Addition VP ☐ Delete TITLE CORDERA BRODIE, JERMAINE NAME NAME 404 WEST Palm Drive 404 W PALM DR STREET ADDRESS STREET ADDRESS Forida Co FLORIDA CITY, FL 33034 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE BROWN, RICHARD NAME NAME 404 W PALM DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FLORIDA CITY, FL 33034 ☐ Addition TITLE ADV ☐ Delete TITLE NAME RAMIREZ, MICHELLE NAME STREET ADDRESS STREET ADDRESS 404 W PALM DR CITY- "T-ZIP FLORIDA CITY, FL 33034 CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP