## FILED Aug 30, 2007 8:00 am Secretary of State 08-20-2007 90054 007 \*\*\*150.00

## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P06000110815  1. Entity Name DRT SECURITY TRAINING CENTER, INC.						
Principal Place of Business	Mailing Address					
1370 WASHINGTON AVENUE	1370 WASHINGTON AVENU	UE				
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139			t 19811981 IM	81118 Bern #1114 1 <b>8</b> 11 #8101	MAAL MAN SELSI JAHRI M	IZ (SVI IN INGI US)
Principal Place of Business - No P.O. Box # 3. Mailing Address						
575 Z = 3	575 Zo3 57E Zo3		07252007	Chg-P	CR2E034 (12/	
City & State	City & State		4. FEI Number	577 244	/ <sub>a</sub>	Applied For Not Applicable
Zip Country	Zip	Country		of Status Desired	\$8.75	Additional
6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	Fee Req	urea
MAHONEY, ROBERT F			0			
7777 GLADES ROAD	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 209   BOCA RATON, FL 33434						
		City	<del></del>	······································	FL Zip (	Code
The above named entity submits this statement for	or the purpose of changing its reg	pistered office or registe	ered agent, or bot	th, in the State of Flori		ith, and accept
the obligations of registered agent.  SIGNATURE						
Signature, typed or printed name of registered agent and bits if applicable. (NOTE Registered Agent signature required when rematating) CATE						
FILE NOWIII FEE IS \$150.00 Due by September 14, 2007	Election Campaign     Trust Fund Contribu		5.00 May Be ded to Fees	In accordance will corporation did no		
10. OFFICERS AND	DIRECTORS  Delete	11.	ADDITIONS/	CHANGES TO OFFIC	ERS AND DIRECT	
TITLE D NAME WASHINGTON, JOSEPH T	NAME			7 Cita	de Dyamman	
		SIREET ADORESS CITY-ST-ZIP				
ше	☐ Detete	TITLE			☐ Chan	ge 🔲 Addition
MANE		NAME CITY CL 4000CCC				
STREET ADDRESS CITY-SI-ZIP		SIREET ADDRESS CITY-SI-ZIP				i
TIFLE	☐ Deleta	THE			☐ Chan	ge Addition
NAME SIREET ADDRESS		NAIME STREET ADDRESS				'
CITY-SI-ZIP		CHY-SI-ZIP				
HAME	☐ Delete	TITLE NAME			☐ Chan	ge 🔲 Addition
STREET ADDRESS		STREET ADDRESS				
Crity-S1-ZIP		CITY-ST-ZIP			☐ Chan	ge 🔲 Addition
ITILE NAME	□ Oelete	TITLE NAME				A. (1. SERVICE)
STREET ADDRESS CITY-\$1-7P		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			Chan	pe Addition
NAME		NAME CIDEET ADODGES				
STREET ADDRESS CITY-ST-ZP		STREET ADORESS City-St-Zip				
12. I hereby certify that the information supplied with this filling 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 trust 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 empoyedized 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 of the time ampowered.						
SIGNATURE: 9 SUECE WOSANG TO DAIS DESCRIPTION OF PROPERTY OF PRINTED HAME OF SECRITING OFFICER OR DIFFECTOR OF DAIS DAIS DESCRIPTIONS I						