## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 8:00 am Secretary of State 05-01-2006 90482 043 \*\*\*150.00

Principles Place of Business   12810 Nr. MIAMIL CT   12810 Nr. M	DOCUMENT # P94000013503  1. Entity Name LAWMEN, INC.									05-01-2006 90	0482 04:	3 ***150.	00
NORTH MIAMI, FL 33161  NORTH MIAMI, FL 33161  NORTH MIAMI, FL 33161  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & Sta	Principal Place	of Business	<u>-</u>	Ma	Mailing Address						- ^ ^		_
2. Principal Place of Business   3. Mailing Address   Suite, Apt. 4, etc.   Qu282006   Chg.P   CR2E034 (11/05)    City & State   City & State   4. FE Number   65-0552411   Applied Fix   Applied Fix   Applied Fix   65-0552411   Applied Fix   Ap											500	11785	8
Suite, Apl. #, etc.  Suite, Ap	NURTH MIAMI, FL 33161			N.	NORTH MIAMI, FL 33161							1101 d 141 d D10d d11	
City & State  City & State Desired  Street Address of New Registered Agent  TOCKS, MELVIN  12810 NE MIAMI CT N  MIAMI, FL 33161  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hond or press name of registered agent and title it appointed agent and address of New Registered Agent  City FL Zip Code  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 familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City of State of Florida. I am familiar with, and accept the City	2. Principal Place of Business				3. Mailing Address								
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   Fee Required   \$8.75 Additional   Fee Required   \$8.75 Additional   Fee Required   Fee R	Suite, Apt. #, etc.				Suite, Apt. #, etc.			04282006	Chg-P	CR2E0	34 (11/05)		
Country   Country   Country   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   Fe	City & State			,	City & State								<u> </u>
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip	Country			Zip	Countr			5 Certificate of Status Desired \$8.75 Additional				
TOOKS, MELVIN 12810 NE MIAMI CT N MIAMI, FL 33161  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Title NOWI!! FEE IS \$150.00		6. Name	and Address of	Current Regis	tered Agent				7. Name and	Address of New R	egistered .	Agent	
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	TOOKS, M	ELVIN											
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Flood or perced rame of registered agent and lote if aboricable. (NOTE: Registered Agent signature required when reinlanding)  PLE  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  D OCHANGE STREET ADDRESS 12810 NE MIAMIL FL  D OCHANGE STREET ADDRESS 128210 N.E. MIAMIL CT STREET ADDRESS 119 N.V. 95 ST STREET ADDRESS CITY-ST-2P  TILLE  D Delete  TILLE  D Delete TILLE  D Delete TILLE  D Delete TILLE  D Delete TILLE  D Delete TILLE  D Delete TILLE  D Change Addition	12810 NE I	MIAMI CT	N			,	Street A	ddress (I	P.O. Box Numbe	r is Not Acceptable	)		
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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, noed or proted rame of registered agent and take it applicable. (MOTE: Registered Agent sephature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE TOOKS, MELVIN 12810 NE MIAMI CT NMIAME STREET ADDRESS CITY-S1-2P NATALIE L. TOOKS NATALIE L. TOOKS NATALIE L. TOOKS 128210 N.E. MIAMI CT N. MIAMI, FL STREET ADDRESS 128210 N.E. MIAMI CT N. MIAMI, FL OITY-S1-2P N. MIAMI, FL OITY-S1-2P NAME MARE MARE MARE MARE MARIE M. TOOKS 110 Delete TITLE NAME MARE MARIE M. TOOKS 111 Delete TITLE NAME MARE MARIE M. TOOKS 112 Delete TITLE NAME MARE MARIE M. TOOKS 113 N.V. 85 ST TITLE NAME MARE MARE MARE MARE MARE MARE MARE M	MIMIVII, FL	33 101					-			<del></del>			
The obligations of registered agent.  SIGNATURE Signature. Noted or private name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when rainstating) DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE D COKS, MELVIN STREET ADDRESS 12810 NE MIAMI CT STREET ADDRESS 12810 NE MIAMI CT STREET ADDRESS 12810 NE MIAMI CT STREET ADDRESS 128210 NE. MIAMI CT STREET ADDRESS 2202 SILVER TRUMPAT CT.  N. MIAMI, FL Cliry-SI-ZIP MIAMI FL Cliry-SI-ZIP MILE MARE MARIE M. TOOKS STREET ADDRESS CITY-SI-ZIP MIAMI, FL Cliry-SI-ZIP MIAMI CT Clarge Addition MARE STREET ADDRESS CITY-SI-ZIP MIAMI, FL Cliry-SI-ZIP MIAMI							City	Zip Code					3
Title   D	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 familiar with, and accept												
### Added to Fees   Added to Fees													
TITLE NAME TOOKS, MELVIN STREET ADDRESS CITY-ST-ZIP TITLE NAME NATALIE L. TOOKS STREET ADDRESS TREET	FILE NOWIN FEE IS \$130.00												
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NAME STREET ADDRESS CITY-S1-ZIP N. MIAMI, FL  D CHange MARIE M. TOOKS STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE D Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE D Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE D Delete D Delet			FL 33161			_							- Addition
STREET ADDRESS CITY-S1-ZIP N. MIAMI, FL  TITLE D MARIE M. TOOKS STREET ADDRESS CITY-S1-ZIP MIAMI, FL  TITLE MARIE M. TOOKS STREET ADDRESS CITY-S1-ZIP MIAMI, FL  TITLE MIAME STREET ADDRESS CITY-S1-ZIP  TITLE MAME MAME MAME MAME MAME MAME MAME MA		_	L. TOOKS		Delete			KEVI	N Tooks			Unange	TP-MODITION
NAME   MARIE M. TOOKS   Delete   TITLE   Change   Addition		SS 128210 N.E. MIAMI CT						2302	SILVER		•		
NAME   STREET ADDRESS   119 N.W. 95 ST   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL   Change   Addition			, FL	<del></del>		_		YALR	160, fr	32594		Channe	Marking.
CITY-ST-ZIP         MIAMI, FL         CITY-ST-ZIP           TITLE         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           DEtel         TITLE         Change         Addition		_	. TOOKS		L] Delete							C Change	L Addition
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12. Thereby 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 true and faccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the exemptions of the exemption	12. I hereby o	certify that th	e information supp	plied with this f	ling does not qualify for	or the ex	emptions o	ontained	in Chapter 119	, Florida Statutes. I	further cer	tify that the in	nformation

SIGNATURE:

305-688-9347