

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040979

FILED
May 10, 2007
Secretary of State

Entity Name: TACTICAL RESPONSE TRAINING, INC.

Current Principal Place of Business:

12820 NW 116TH PLACE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

12820 NW 116TH PLACE
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 59-3513297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN WINKLE, MARY E
2815 PROCTOR ROAD
SARASOTA, FL 34231 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: VAN WINKLE, EDWARD L
Address: 12820 NW 116TH PLACE
City-St-Zip: ALACHUA, FL 32615

Title: VSD () Delete
Name: VAN WINKLE, TANYA L
Address: 12820 NW 116TH PLACE
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD L VAN WINKLE

PTD

05/10/2007

Electronic Signature of Signing Officer or Director

_____ Date