2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

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Entity Name: EURO-AMERICAN TECHNICAL CENTER FOR SECURITY TRAINING INC.

Current Principal Place of Business:

911 E PONCE DE LEON BLVD
1504
CORAL GABLES, FL 33114

New Principal Place of Business:

911 E. PONCE DE LEON BLVD
1504
CORAL GABLES, FL 33114

Current Mailing Address:

P.O. BOX 140333
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-1114983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADILLA, VICTOR M JR.
911E PONCE DE LEON BLVD
#1504
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: PADILLA, VICTOR M JR.
Address: 911 PONCE DE LEON BLVD #1504
City-St-Zip: CORAL GABLES, FL 33134

Title: DP ( ) Delete
Name: MARTINEZ, JOSE B
Address: 911 E. PONCE DE LEON BLVD., #1504
City-St-Zip: CORAL GABLES, FL 33134

Title: DT ( ) Delete
Name: HIRALDO, MARIA G
Address: 911 E. PONCE DE LEON BLVD., #1504
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change ( ) Addition
Name: PADILLA, VICTOR M JR.
Address: 911 E. PONCE DE LEON BLVD #1504
City-St-Zip: CORAL GABLES, FL 33134

Title: DP (X) Change ( ) Addition
Name: MARTINEZ -BARRERA, JOSE MIGUEL
Address: 911 E. PONCE DE LEON BLVD., #1504
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Change ( ) Addition
Name: HIRALDO-GAMERO, MARIA CARMEN
Address: 911 E. PONCE DE LEON BLVD., #1504
City-St-Zip: CORAL GABLES, FL 33134

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: VICTOR M PADILLA JR DVPS 04/28/2008

Electronic Signature of Signing Officer or Director — Date