

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 MAY 22 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05152006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000052464</b> 1. Entity Name <b>QUICK SEARCH INVESTIGATIONS, INC.</b>					
Principal Place of Business <b>451 CRESSIDA CIRCLE SPRING HILL, FL 34609</b>			Mailing Address <b>451 CRESSIDA CIRCLE SPRING HILL, FL 34609</b>		
2. Principal Place of Business <b>11186 SPRING HILL DR.</b>		3. Mailing Address <b>11186 SPRING HILL DR.</b>			
Suite, Apt. #, etc. <b>#104</b>		Suite, Apt. #, etc. <b>#104</b>			
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>		4. FEI Number <b>20-0929167</b>	
Zip <b>34609</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAHONEY, THOMAS 451 CRESSIDA CIRCLE SPRING HILL, FL 34609</b>			7. Name and Address of New Registered Agent Name <b>MAHONEY, THOMAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>11186 SPRING HILL DR.</b> SUITE #104 City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34609</b>		
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: <i>Thomas Mahoney</i> <span style="float: right;">5/17/06</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAHONEY, THOMAS 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHONEY, TARA 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, CINDY 451 CRESSIDA CIRCLE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete			
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.			SIGNATURE: <i>Thomas Mahoney</i> <b>THOMAS MAHONEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE: <b>5/17/06</b>			Daytime Phone #		

200076387762  
06/20/06--01041--024 \*\*61.25