I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS FREEMAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000076476 Entity Name: FREEMAN AND ASSOCIATES INVESTIGATIONS INC.

Current Principal Place of Business:

4650 ASTRAL STREET JACKSONVILLE, FL 32205

Current Mailing Address:

4650 ASTRAL STREET JACKSONVILLE. FL 32205

Name and Address of Current Registered Agent:

FREEMAN, CHARLOTTE J AGENT 4650 ASTRAL ST JAX, FL 32205 US

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: CHARLOTTE J FREEMAN

Electronic Signature of Registered Agent

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Officer/Director Detail :

Title	DPST
Name	FREEMAN, DOUGLAS
Address	4650 ASTRAL STREET
City-State-Zip:	JACKSONVILLE FL 32205

Certificate of Status Desired: No

Date

FILED Mar 17, 2014 Secretary of State CC0607719104

DPST

03/17/2014

FEI Number: 46-1416795

03/17/2014 Date