2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90214 038 ***158.75

DOCUMENT # 303573

1. Entity Name
FORENSIC ANALYSIS & ENGINEERING CORPORATION

Principal Place of Business	Mailing Address
5301 CAPITAL BOULEVARD SUITE -A RALEIGH, NC 27616-2956 US	VANE L KOCHAN 100 PIERCE STREET, PENTHOUSE CLEARWATER, FL 33756

05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3401 Atlantic Ave #101 Suite, Apt. #, etc.	3401 Atlantic Ave #101 Suite, Apt. #, etc.
City & State: Raleigh, NC	City & State: Raleigh, NC
Zip: 27604 Country: WAKE	Zip: 27604 Country: Wake

4. FEI Number: 59-1152131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOCHAN, JANE L 100 PIERCE STREET PENTHOUSE CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD KOCHAN, ROBERT K 3743 CHESAPEAKE AVE. HAMPTON, VA 23661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KOCHAN, APRIL B 3743 CHESAPEAKE AVE. HAMPTON, VA 23661	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCHAN, JANE L 100 PIERCE ST CLEARWATER, FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert K. Kochan President 4-28-06 9198728788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #