

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

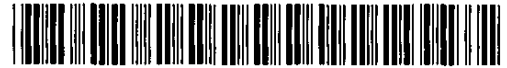
**DOCUMENT # F03000004008**

1. Entity Name  
**CERTIFIED INTERNAL AUDITS, INC.**



Principal Place of Business  
**413 WALNUT STREET, #5131  
GREEN COVE SPRINGS, FL 32043-3443**

Mailing Address  
**413 WALNUT STREET, #5131  
GREEN COVE SPRINGS, FL 32043-3443**



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1543762**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FORSYTHE, WILLIAM M  
413 WALNUT STREET, #5131  
GREEN COVE SPRINGS, FL 32043-3443**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	FORSYTHE, WILLIAM M
STREET ADDRESS	413 WALNUT STREET, #5131
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320433443
TITLE	TD
NAME	FORSYTHE, DOROTHY J
STREET ADDRESS	413 WALNUT STREET, #5131
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320433443
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80040-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #