## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F0400000307

FILED Apr 30, 2005 Secretary of State

Entity Name: EMPLOYMENT BACKGROUND INVESTIGATIONS, INC.

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of changing its registere n the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  DFFICERS AND DIRECTORS:  ADDITIONS/CHANG  Fitle: P ( ) Delete Title: Name: KURLAND, RICHARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117  Fitle: V ( ) Delete Title:	RT 21117 s:
Current Mailing Address:  P.O. BOX 629 DWINES MILLS, MD 21117  PEI Number: 52-1905466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Name and Address of Current Registered Agent:  C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of changing its registerent the State of Florida.  BIGNATURE:  Electronic Signature of Registered Agent  Electronic Signa	21117 s: 21117 Certificate of Status Desired ( )
Current Mailing Address:  P.O. BOX 629 DWINES MILLS, MD 21117  PEI Number: 52-1905466  FEI Number Applied For ( )  Name and Address of Current Registered Agent:  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of changing its registerent name the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Electronic Trust Fund Contribution ( ).  DFFICERS AND DIRECTORS:  ADDITIONS/CHANG Title:  P ( ) Delete Name: KURLAND, RICHARD Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117  Title:  V ( ) Delete Title:  Title:	21117  Certificate of Status Desired ( )
P.O. BOX 629 DWINES MILLS, MD 21117  P.O. BOX 629 DWINES MILLS, MD 21117  PEI Number: 52-1905466  FEI Number Applied For ( ) FEI Number Not Applicable ( ) Name and Address of Current Registered Agent:  PLANTATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  US  The above named entity submits this statement for the purpose of changing its registerent in the State of Florida.  BIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  DFFICERS AND DIRECTORS:  ADDITIONS/CHANG Title:  Name:  Name:  Address:  Name:  Address:  OUNINGS MILLS, MD 21117  City-St-Zip:  OWINGS MILLS, MD 21117  Title:  V ( ) Delete  Title:	21117  Certificate of Status Desired()
OWINES MILLS, MD 21117  OWINGS MILLS, MD  FEI Number: 52-1905466  FEI Number Applied For ( )  Name and Address of Current Registered Agent:  Name and Address of Curre	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:  C. T. CORPORATION SYSTEM IZON SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of changing its registere in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  DEFICERS AND DIRECTORS:  ADDITIONS/CHANG  Title: P ( ) Delete Name: RURLAND, RICHARD Name: Address: P.O. BOX 629 City-St-Zip: OWINGS MILLS, MD 21117  Title:  V ( ) Delete Title:	• •
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PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of changing its registere in the State of Florida.  BIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  DFFICERS AND DIRECTORS:  ADDITIONS/CHANG  Fitle: P ( ) Delete Title: Name: KURLAND, RICHARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117  Fitle: V ( ) Delete Title:	
n the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANG  Fitle: P ( ) Delete Title: Name: KURLAND, RICHARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117  Fitle: V ( ) Delete Title:	
Electronic Signature of Registered Agent  Election Campaign Financing Trust Fund Contribution ( ).  DFFICERS AND DIRECTORS:  ADDITIONS/CHANG  Fitle: P ( ) Delete Title: Name: KURLAND, RICHARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117 City-St-Zip:  Fitle: V ( ) Delete Title:	d office or registered agent, or both,
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANG  Fitle: P ( ) Delete Title: Name: KURLAND, RICHARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117 City-St-Zip:  Fitle: V ( ) Delete Title:	
DFFICERS AND DIRECTORS:  ADDITIONS/CHANG  Title: P () Delete Title: Name: KURLAND, RICHARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117 City-St-Zip:  Title: V () Delete Title:	Date
Fitle:         P         ( ) Delete         Title:           Name:         KURLAND, RICHARD         Name:           Address:         P.O. BOX 629         Address:           City-St-Zip:         OWINGS MILLS, MD 21117         City-St-Zip:           Fitle:         V         ( ) Delete         Title:	
Name:         KURLAND, RICHARD         Name:           Address:         P.O. BOX 629         Address:           City-St-Zip:         OWINGS MILLS, MD 21117         City-St-Zip:           Title:         V ( ) Delete         Title:	ES TO OFFICERS AND DIRECTO
( )	( ) Change ( ) Addition
Name:         ROBINSON, SCOTT         Name:           Address:         P.O. BOX 629         Address:           City-St-Zip:         OWINGS MILLS, MD 21117         City-St-Zip:	( ) Change ( ) Addition
Fitle: S ( ) Delete Title: Name: ROBINSON, LEONARD Name: Address: P.O. BOX 629 Address: City-St-Zip: OWINGS MILLS, MD 21117 City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD A. KURLAND P 04/30/2005