

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000945

FILED
Jan 28, 2008
Secretary of State

Entity Name: DANGERFIELD INVESTIGATORS, INC.

Current Principal Place of Business:

6832 ASCOT DRIVE
SUITE 101
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1579
MARCO ISLAND, FL 341461579

New Mailing Address:

FEI Number: 52-1867736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRACKEN, ROBERT L
6832 ASCOT DRIVE
SUITE 101
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MCCracken, Vivienne D
Address: 6832 ASCOT DRIVE #101
City-St-Zip: NAPLES, FL 34113

Title: VCVP () Delete
Name: MCCracken, Robert L
Address: 6832 ASCOT DRIVE #101
City-St-Zip: NAPLES, FL 34113

Title: S () Delete
Name: MCCracken, Robert L
Address: 6832 ASCOT DRIVE #101
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: MORRIS, BARBARA A
Address: 2626 WORRELL COURT
City-St-Zip: CROFTON, MD 21114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: VIVIENNE D. MCCracken

CP

01/28/2008

Electronic Signature of Signing Officer or Director

Date