## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000603

Address:

City-St-Zip:

Entity Name: PT&C FORENSIC CONSULTING SERVICES PA

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2727 PACES FERRY ROAD., SUITE 1-1200 ATLANTA, GA 30339				2727 PACES FERRY ROAD. SUITE 1-1200 ATLANTA, GA 30339		
Current Mailing Address:				New Mailing Address:		
2727 PACES FERRY ROAD., SUITE 1-1200 ATLANTA, GA 30339			SUITE 1	2727 PACES FERRY ROAD., SUITE 1-1200 SUITE 1-1200 ATLANTA, GA 30339		
FEI Number:	: 43-2089976	FEI Number Applied For ( )	FEI Number Not A	applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
155 OFFIC SUITE A	CORPORATE DE PLAZA DR SSEE, FL 32					
	named entity e of Florida.	submits this statement for the	purpose of changir	ig its registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered A	jent		Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DEITERS, MI	FERRY ROAD., SUITE 1-1200	Title: Name: Address: City-St-Zi	DEITERS, MI 1348 BENBR	OOKE LANE	
Title: Name: Address: City-St-Zip:	KUPLIC, NEIL	BLADE PLACE	Title: Name: Address: City-St-Zi		()Change ()Addition	
Title: Name: Address: City-St-Zip:	FISHER, VAN	ENT POINT DRIVE	Title: Name: Address: City-St-Zi		( ) Change ( ) Addition	
Title:	(	) Delete	Title:		( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL G. DEITERS PD 03/02/2007

3222 SHEEP WALLOW ROAD

DAHLONEGA, GA 30533 US