2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006519

Entity Name: BANKCARD INVESTIGATIVE GROUP INC.

FILED Feb 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	EBEC STREE DOD VILLAGE	T , CO 801114729					
Current Mailing Address:			New M	New Mailing Address:			
SUITE 330		T , CO 801114729					
FEI Number:	58-2368158	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status D	esired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
1201 HAYS TALLAHAS	SSEE, FL 3230		urnoso of changi	ng ite registered (office or registered as	ant or both	
in the State		submits this statement for the p	urpose or changi	ng its registered t	onice or registered ag	gent, or both,	
SIGNATURE:							
	Electron	ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S/D () WHEALY, MICH 10825 OLD MIL OMAHA, NE 68	L ROAD	Title: Name: Address: City-St-Z	WHEALY, MIC 10825 FARNAI	M DRIVE		
Title: Name: Address: City-St-Zip:	DEGEN, ROBE	RTHSIDE DRIVE SUITE 1400	Title: Name: Address: City-St-Z	DEGEN, ROBE 6200 SOUTH (
Title: Name: Address: City-St-Zip:	SKENE-STIMAC 6200 S. QUEBE		Title: Name: Address: City-St-Z	AYRES, NICOI 6200 S. QUEB			
Title: Name: Address: City-St-Zip:	AS () ANDERSON, ST 10825 OLD MIL OMAHA, NE 68	L ROAD	Title: Name: Address: City-St-Z	ANDERSON, S 10825 FARNAI	M DRIVE		
Title: Name: Address: City-St-Zip:	RITTER, DUANI	RTHSIDE DRIVE 1400	Title: Name: Address: City-St-Z) Change ()Addition		
Title: Name:	AS ()	Delete S.A.	Title: Name	AS (X ROSSL THOM	() Change () Addition		

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.

Address:

City-St-Zip:

10825 FARNAM DRIVE

OMAHA, NE 68164

SIGNATURE: NICOLE M AYRES AS 02/25/2005

10825 OLD MILL ROAD

OMAHA, NE 68164

Address:

City-St-Zip: