

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18496

FILED
Jan 20, 2009
Secretary of State

Entity Name: INVESTIGATION SPECIALISTS, INCORPORATED

Current Principal Place of Business:

4111 METRIC DR
2
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

4111 METRIC DR
2
WINTER PARK, FL 32792

New Mailing Address:

P.O. BOX 5659
WINTER PARK, FL 32793

FEI Number: 59-2252890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCDONALD, CAROL
4111 METRIC DR
2
WINTER PARK, FL 32792 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: PSC () Delete
Name: MCDONALD, MICHAEL A,
Address: 4111 METRIC DR, #2
City-St-Zip: WINTER PK, FL 32792

Title: VD () Delete
Name: MONTES, PABLO,
Address: 4111 METRIC DR, #2
City-St-Zip: WINTER PK, FL 32792

Title: TD () Delete
Name: MCDONALD, CAROL,
Address: 4111 METRIC DR, #2
City-St-Zip: WINTER PK, FL 32792

Title: D () Delete
Name: DAWSON, TYRA
Address: 4111 METRIC DRIVE
City-St-Zip: WINTER PARK, #2, FL 32792

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: CAROL I. MCDONALD

TD

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date