## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J03181

Title:

Name:

Address:

City-St-Zip:

FILED Jul 21, 2009 Secretary of State

Entity Name: F. L. A. SEARCH CO.						
Current Principal Place of Business:			New Principal Place of Business:			
3959 LAKEWORTH RD., STE D LAKE WORTH, FL 33461 US						
Current Mailing Address:			New Mailing Address:			
P.O. BOX 5346 LAKE WORTH, FL 33466						
FEI Number:	El Number: 59-2696854 FEI Number Applied For() FEI Nu		El Number Not Appli	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
HERMAN, ROSS A 3959 LAKE WORTH RD. STE D LAKE WORTH, FL 33461 US  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					Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ()[ HERMAN, LINDA 3959 LAKEWOR LAKE WORTH, F	TH RD., STE D	Title: Name: Address: City-St-Zip:	()0	hange()Addition	
Title: Name: Address: City-St-Zip:	ST () E OWENS, LISA M 2032 6TH CT SO LAKE WORTH, F	UTH	Title: Name: Address: City-St-Zip:	ST (X) Change ( ) Addition HERMAN, JEANNE MARIE 3959 LAKE WORTH RD, STE D LAKE WORTH, FL 33461		
Title: Name: Address: City-St-Zip:	P ()[ HERMAN, ROSS 9220 MELODY R LAKE WORTH, F	D.	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition HERMAN, ROSS A 3959 LAKE WORTH RD, STE D LAKE WORTH, FL 33461		
Title: Name: Address: City-St-Zip:	V ()[ TODD, ELLEN M 3812 HEATHER I LAKE WORTH, F	OR. W.	Title: Name: Address: City-St-Zip:	T (X) C HERMAN, JENNIF 3959 LAKE WOR LAKE WORTH, FI	TH RD, STE D	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEANNE-MARIE HERMAN S 07/21/2009

(X) Delete

WEST PALM BEACH, FL 33415

THORNELL, TERRI

5246 CANNON WAY

() Change () Addition