2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# J74958

Entity Name: INVESTIGATOR'S DRUG SCHOOL, INC.

Current Principal Place of Business:

5850 N.W. 66 WAY
PARKLAND, FL 33067

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1739
FT. LAUDERDALE, FL 33302 US

New Mailing Address:

FEI Number: 59-2798476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTENZO, ALFRED J.
5850 NORTHWEST 66TH WAY
PARKLAND, FL 33067 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: DST ( ) Delete
Name: ORTENZO, ALFRED J.,
Address: 5850 NORTHWEST 66 WAY
City-St-Zip: PARKLAND, FL

Title: P ( ) Delete
Name: ORTENZO, ALFRED J.,
Address: 5850 N.W. 66TH WAY
City-St-Zip: PARKLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALFRED J. ORTENZO PRES 01/12/2009

Electronic Signature of Signing Officer or Director Date