


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90354 027 ***150.00

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| DOCUMENT # K59160 |  |
| 1. Entity Name PROFESSIONAL FORENSIC SERVICES, INC. | |

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| Principal Place of Business 301 E. PINE STREET, STE. 150 ORLANDO, FL 32801-2746 US | Mailing Address 301 E. PINE STREET, STE. 150 ORLANDO, FL 32801-2746 US |
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|---|---|
| 2. Principal Place of Business 2722 Norris Avenue | 3. Mailing Address 2722 Norris Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|---------------------------------------|
| City & State Winter Park FL | City & State Winter Park FL |
| Zip 32789 | Zip 32789 |
| Country USA | Country USA |

40073448



03202006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2929935 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DI VINCENTI, ROY 301 E. PINE STREET, STE. 150 ORLANDO, FL 32801-2746 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2722 Norris Avenue City Winter Park FL Zip Code 32789 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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|-----------------|--|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DI VINCENTI, ROY A 301 E. PINE STREET, STE. 150 ORLANDO, FL 328012746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2722 Norris Avenue Winter Park, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DI VINCENTI, CYNTHIA 301 E. PINE STREET, STE. 150 ORLANDO, FL 328012746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2722 Norris Avenue Winter Park, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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| SIGNATURE:  | 4/27/06 Date | (407) 599-5959 Daytime Phone # |
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