2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000022378

Entity Name: BIOWHORL FINGERPRINTING SERVICE, LLC

FILED Jun 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14608 DARTMOOR LN. 933 S FRANKLAND ROAD TAMPA, FL 33624

TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

P.O. BOX 320444 14608 DARTMOOR LN. TAMPA, FL 33624 TAMPA, FL 33679

FEI Number: 20-4835068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BYCZEK, JENE E ARMSTRONG, BARBARA B 14608 DÁRTMOOR LN. 933 S FRANKLAND ROAD TAMPA, FL 33624 TAMPA, FL 33629

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: BARBARA B. ARMSTRONG 06/04/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition BYCZEK, JENE E ARMSTRONG, BARBARA B Name: Name: Address: 14608 DARTMOOR LN. Address: 933 S FRANKLAND ROAD City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33629

() Change (X) Addition Title: () Delete Title: OPER ARMSTRONG, JAMES H Name: Name: Address: Address: 933 S FRANKLAND ROAD City-St-Zip: City-St-Zip: TAMPA, FL 33629

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA B. ARMSTRONG **MGRM** 06/04/2009