## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

| DOCUMENT # M64711  1. Entity Name FLORIDA FORENSIC ENGINEERING, INC. |   |  |  |  | 04 OCT 15 PM 3: 26               |                           |  |  |
|--|---|--|--|--|----------------------------------|---------------------------|--|--|
| Principal Plac<br>9380 ULMER<br>SUITE 1<br>LARGO, FL 3               |   | Mailing Address<br>3104 ROBERTA ST.<br>STE. 1<br>LARGO, FL 33771   | us   | . IN ALEROIS (A  | WIPS DID!! AND S 1580 (181       |                           | ************************************** |  |
| 70(p<br>Suite, Apt.  | Place of Business Benjamin Rd #. etc. + etc.  | 3. Mailing Address Le 706 Be Suite Apt. #, etc.                    | enjamin<br>00                                  | Rd. 49242004   | Chg-P                            | CR2E034 (10/03)           |  |  |
| City & Stat  | te  | City & State   | FL-  | 4. FEI Numbe<br>59-2874                                    |                                  |                           | plied For                              |  |
| 336  | Country   | 33634  | Country  |  | of Status Desired                | \$8.75 Add                | litional                               |  |
|  | 6. Name and Address of Current  |  | Name   | 7. Name and  | Address of New Re                | gistered Agent            |  |  |
|  | RICHARD-K   |  |  | Elliot_L   | Stern_                           |                           |  |  |
| 3104 ROB<br>LARGO, F   | ERTA ST.<br>L 33771   |  | Treet A  | ddress (P.O. Benumbe<br>203 Sier                           | ris Not Ab <del>cs</del> hlable) | avila                     |  |  |
|  |   |  | City 7   | ampa   |                                  | FL 7953                   | 613                                    |  |
| <ol><li>The above the obligat</li></ol>                              | enamed entity submits this statement follows of registered agent.   | or the purpose of changing its<br>ا م                              | registered office or                           | registered agent, or both                                  | n, in the State of Flor          | ida. I am familiar with,  | and accept                             |  |
| SIGNATURE.   | Signature, typed or printed name of relistored agent  | and title if applicable. INOTE                                     | Em 10/12                                       | /04-   | 9/                               | 24/07                     |  |  |
| Am   | nended AR is \$61.25  | 9. Election Campai<br>Trust Fund Contr                             |  | \$5.00 May Be<br>Added to Fees                             |                                  |                           |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11,  | ADDITIONS/   | CHANGES TO OFFIC                 | CERS AND DIRECTORS        | 3 IN 11                                |  |
| HTLE<br>HAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | P<br>SPEARS, RICHARD K.<br>3104 ROBERTA ST.<br>LARGO, FL 34641  | <b>I</b> Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | President<br>Elliot L. Ster<br>16203 Sier                  | ra De UI                         | □ Chango                  | Addition                               |  |
| TITLE  | VP<br>SPEARS, EVELYN A.   | Delete   | TITLE  | Tampa, FL<br>Vice-breside<br>Richard K. Sp<br>3104 Roberto | nt<br>nears<br>nears             | ☐ Change                  | Addition                               |  |
| STREET ADDRESS<br>CITY - ST - ZIP                                    | 3104 ROBERTA ST.<br>LARGO, FL 344641  |  | STREET ADDRESS<br>CITY-ST-ZIP                  | Largo, FL  |                                  |                           | ĺ                                      |  |
| TITLE<br>MAME<br>STREET ADDRESS                                      |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS                | <del>ن ن</del>   | nnoa te                          |                           | Addition                               |  |
| CiTY-ST-ZIP  |   |  | CITY-ST-ZIP                                    | 10/0   | DOO4 1 6<br>5/04=01039           |                           | 25                                     |  |
| ritle<br>Name<br>Street address<br>City-St-Zip                       |   | ☐ Delete   | TITLE NAME STREET ADDRESS GITY+ST-ZIP          |  |                                  | ∐ Change                  | Addition                               |  |
| ITLE<br>IAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                                  | ☐ Change                  | Addition                               |  |
| ntle<br>Name<br>Street address<br>City-St-Zip"                       | , , ; ,   | ☐ Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CHY-ST-ZIP  |  |                                  | ☐ Change                  | Additión                               |  |
| indicated<br>of the cor  | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee emp<br>, or on an attachment with an address. | s true and accurate and that mo<br>owered to execute this report a | ny signature shall h                           | ave the same legal effect                                  | as it made under oa              | ath; that I am an officer | or director                            |  |