


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46086</b> 1. Entity Name <b>THE INTERNATIONAL INSTITUTE OF FORENSIC ENGINEERING SCIENCES, INC.</b>		
Principal Place of Business <b>2870 STIRLING RD HOLLY WOOD, FL 33020</b>	Mailing Address <b>2870 STIRLING RD HOLLY WOOD, FL 33020 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GRATE, FRANK E 2870 STIRLING ROAD HOLLYWOOD, FL 33020</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000531453</b> <b>05/06/06-80044-019 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRATE, FRANK E PE 2870 STIRLING RD HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIMS, EUGENE F. 4840 NEWCOMB DR BATON ROUGE, LA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHORR, STEVEN M. P.E. 1603 OLD YORK RD ABINGTON, PA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORION, ROBERT B J 1 PLACE VILLE-MARIE 1521 MONTREAL, QC, CANADA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKINSON, HAROLD J. P.E 1022 WATERDOWN RD BURLINGTON, ONT CAN,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 617, 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		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/20/06</b> <b>954-889-0089</b> <small>Date Daytime Phone #</small>