2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000106596

1. Entity Name

COBRA INVESTIGATIVE AGENCY, INC.



FILED
---Feb 26,-2007 08:00 AM
Secretary of State

Principal Place of Business

1499 W. PALMETTO PARK RD.

SUITE 186

BOCA RATON, FL 33486

Mailing Address

1499 W. PALMETTO PARK RD.

SUITE 186

BOCA RATON, FL 33486

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DO NOT WRITE IN THIS SPACE

01082007 No Chg.P CR2E034 (11/05)

4. FEI Number Applied For | Not Applied For | Not Applied ble

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEVER, DENNIS 1499 W PALMETTO PARK ROAD #186 BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pations of registered agent. | ourpose of changing its registered | office or i | egistered agent, or bo | oth, in the State of Florida. | am familiar with | , and accept |
|--|---|------------------------------------|---------------------------------------|----------------------------------|--|--|---------------------------------------|
| SIGNATURE. | SANATURE Signature, hyped or printed name of registered agent and little diapphiliable (NOTE Registered | | | required when reinstaing) | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 ** Election Campaign Finan Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | 03/06/07-800 | 1,7640,682 -80043-014 150.00 | |
| 10. | OFFICERS AND DIREC | TORS | | | and the second section of the section of the second section of the second section of the second section of the section of the second section of the | nem sem a description de la colonidad de la co | SOURCE STATE OF THE SECOND |
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| TITLE NAME STREET ADDRESS | | | | and order of Education | Svetien eenschiebb bij i n | | |

12. I hereby certify that the information supplied with this filling 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 ooth, 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.

SIGNATURE

RENATURE AND TYPED OR PRINTED NAME OF SMARRY OFFICER OR DIRECTOR

2-21-07 561-901-2473

Daytime Phon