

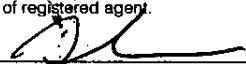

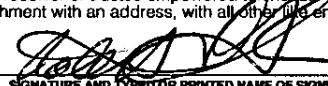


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90300 025 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P00000116563 1. Entity Name ASSURANCE INVESTIGATIVE SERVICES, INC. | | | |  | |
| Principal Place of Business 2925 TENTH AVE. NORTH STE 302 LAKE WORTH, FL 33461 | | | Mailing Address 2925 TENTH AVE. NORTH STE 302 LAKE WORTH, FL 33461 | | |
| 2. Principal Place of Business 2925 10th Avenue North | | 3. Mailing Address 2925 10th Ave. North | |  | |
| Suite, Apt. #, etc. Suite 207 | | Suite, Apt. #, etc. Suite 207 | | 04252004 Chg-P CR2E034 (10/03) | |
| City & State Lake Worth, FL | | City & State Lake Worth, FL | | 4. FEI Number 65-1066500 | |
| Zip 33461 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SALMON, DAVID J 550 SOUTH WEST 9TH AVE. BOCA RATON, FL 33486 | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 2925 10th Avenue North, Suite 302 City Lake Worth FL Zip Code 33461 | | |
| 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  (NOTE: Registered Agent signature required when reinstating)  DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SALMON, DAVID J 2925 10TH AVE NORTH STE 302 LAKE WORTH, FL 33461 <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 | VD GRUELLE, ROBERT C 2925 10TH AVE NORTH LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GROELLE, ROBERT C 2925 10th Avenue North, Suite 207 LAKE WORTH, FL 33461 <input type="checkbox"/> Change <input checked="" 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 exemption stated in Section 119.07(3)(i), 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 duly empowered. | | | | | |
| SIGNATURE:  | | | April 23, 2004 (561) 379-2432 Date Daytime Phone # | | |