


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 002 \*\*\*150.00

<b>DOCUMENT # P01000017447</b>	
1. Entity Name <b>PRO-LIFT FINGERPRINT COLLECTION SYSTEM, INC.</b>	

Principal Place of Business <b>208 PINE BERRY CIR HENDERSONVILLE NC 28739</b>	Mailing Address <b>208 PINE BERRY CIR HENDERSONVILLE NC 28739</b>
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2. Principal Place of Business <b>202B HAVERKOS CRT.</b>	3. Mailing Address <b>202B Haverkos Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLMES BEACH, FL</b>	City & State <b>Holmes Beach, FL</b>
Zip <b>34217</b>	Country <b>Manatee</b>

4. FEI Number <b>65-1089968</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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1st MOORE CR2E034 (10/04)



-6- Name and Address of Current Registered Agent <b>PEEPLES, RONALD M 3011 48 AVE. EAST BRADENTON FL 34203</b>	
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-7- Name and Address of New Registered Agent	
Name <b>Linda L. Massimo</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>202B Haverkos Court</b>	
City <b>Holmes Beach</b>	FL Zip Code <b>34217</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 Linda L. Massimo, President 3/24/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASSIMO, LINDA L 208 PINE BERRY CIR HENDERSONVILLE NC 28739 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda L. Massimo 202B Haverkos Court Holmes Beach, FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: Linda L. Massimo 3/24/05 941-778-7892  
Signature and typed or printed name of signing officer or director Date Daytime Phone #