

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001789

**FILED**  
**Apr 07, 2006**  
**Secretary of State**

**Entity Name:** STEALTH INVESTIGATIVE SERVICES, INC.

**Current Principal Place of Business:**

P. O. BOX 1913  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1913  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 26-0016203      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PICKLES, TIMOTHY F  
3490 NORTH US HIGHWAY 1  
COCOA, FL 32923    US

**Name and Address of New Registered Agent:**

PICKLES, TIMOTHY F ESQ.  
3490 NORTH US HIGHWAY 1  
COCOA, FL 32923    US

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.

SIGNATURE: TIMOTHY PICKLES      04/07/2006  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST      ( ) Delete  
Name: LEACH, KATHRYNE A  
Address: POST OFFICE BOX 1913  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: LEACH, BILL P  
Address: POST OFFICE BOX 1913  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYNE LEACH      P      04/07/2006  
Electronic Signature of Signing Officer or Director      Date