

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001789

FILED
Mar 20, 2009
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:

P. O. BOX 1913
CAPE CANAVERAL, FL 32920

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 ESQ.
3490 NORTH US HIGHWAY 1
COCOA, FL 32923 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date