## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000027011

Entity Name: INDEPENDENT FACT FINDERS, INC

FILED Apr 23, 2007 Secretary of State

Elluty Na	Me: INDEPE	NDENT FACT FINDERS, INC	·,		
Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
8910 N. D. SUITE 31 TAMPA, F		IWY SUITE 27	8910 N. DALE MABR SUITE 27 TAMPA, FL 33614		
	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
8910 N. D. TAMPA, F		HWY SUITE 27			
FEI Number	: 61-1408332	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	KSON ST ST				
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SMITH, HUGH 455 N INDIAN	) Delete N ROCKS RD SUITE A JFFS, FL 33770	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LECAVALIER,	MABRY HWY SUITE 27	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: BARRY LECAVALIER D 04/23/2007