2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034139

Entity Name: CORAL SPRINGS INVESTIGATIONS, INC

FILED Apr 30, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7667 W SAMPLE RD 1750 N UNIVERSITY DR

294 227

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

7667 W SAMPLE RD 1750 N UNIVERSITY DR

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33071

FEI Number: 20-0759130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SOARD, TODD SOARD, TODD

7667 W SAMPLE RD 1750 N ÚNIVERSITY DR

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: 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. () Delete Title: DIR. (X) Change () Addition

 Name:
 SOARD, TODD
 Name:
 SOARD, TODD

 Address:
 7667 W SAMPLE RD #294
 Address:
 1750 N UNIVERSITY DR 227

 Address:
 7667 W SAMPLE RD #294
 Address:
 1750 N UNIVERSITY DR 227

 City-St-Zip:
 CORAL SPRINGS, FL 33065 US
 City-St-Zip:
 CORAL SPRINGS, FL 33071 US

Title: DIR. () Delete Title: DIR. (X) Change () Addition

Name: SCHMIDT, JOHN Name: SCHMIDT, JOHN

 Address:
 7667 W SAMPLE RD 294
 Address:
 1750 N UNIVERSITY DR 227

 City-St-Zip:
 CORAL SPRINGS, FL 33065 US
 City-St-Zip:
 CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD SOARD DIR 04/30/2005