

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097526 1. Entity Name CRIMINAL JUSTICE ASSOCIATES, INC.						FILED 04 JUN 29 AM 11:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA 06/01/04 90001 033 \$158.75 	
Principal Place of Business 101 S HALL LANE 4 FLR MAITLAND, FL 32751				Mailing Address PO BOX 780328 ORLANDO, FL 32878			
2. Principal Place of Business 1800 Pembroke Drive				3. Mailing Address 			
Suite, Apt. #, etc. 3rd Floor				Suite, Apt. #, etc. 			
City & State Orlando, Florida				City & State 			
Zip 32810		Country USA		Zip 		Country 	
4. CFI Number 56-3232769				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name G. P. Roebuck Street Address (P.O. Box Number is Not Acceptable) 1800 Pembroke Drive - 3rd Floor Orlando, Florida 32810 City Orlando FL Zip Code 32810			
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 Gregory P. Roebuck May 27, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS ROEBUCK, GREGORY P 101 S HALL LANE 4 FLR MAITLAND, FL 32751				TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS Roebuck, Gregory P 1800 Pembroke 3rd FLR Orlando 32810			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 				TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
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<input type="checkbox"/> Delete				<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: Gregory P. Roebuck				May 27, 2004			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			