

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127995

FILED
Mar 27, 2008
Secretary of State

Entity Name: FORENSIC & INVESTIGATIVE CONSULTATIONS & TRAINING, INC.

Current Principal Place of Business:

4064 SE SEAWARD STREET
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 712
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 81-0599173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLONQUIST, JOHN A
4064 SE SEAWARD STREET
STUART, FL 34997 US

Name and Address of New Registered Agent:

HALLONQUIST, JOHN A
1172 SW ABISCO ROAD
PORT ST. LUCIE, FL 34953 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:

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: HALLONQUIST, ALBERT N
Address: PO BOX 712
City-St-Zip: HOBE SOUND, FL 33475 US

Title: DVP () Delete
Name: LASKA, PAUL R
Address: PO BOX 712
City-St-Zip: HOBE SOUND, FL 33475 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/T () Change (X) Addition
Name: LONG, DALE
Address: P.O. BOX 712
City-St-Zip: HOBE SOUND, FL 33475 US

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: ALBERT N. HALLONQUIST

D/P

03/27/2008

Electronic Signature of Signing Officer or Director

Date