

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050789

FILED
Feb 03, 2006
Secretary of State

Entity Name: SPECIALIZED MEDICAL INVESTIGATIONS, INC.

Current Principal Place of Business:

696 NORTH MAITLAND AVE
MAITLAND, FL 32751 US

New Principal Place of Business:

725 PRIMERA BLVD.
#135
LAKE MARY, FL 32746 US

Current Mailing Address:

P.O.BOX 948155
MAITLAND, FL 32794 US

New Mailing Address:

725 PRIMERA BLVD.
#135
LAKE MARY, FL 32746 US

FEI Number: 05-0568002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, VICKI
696 NORTH MAITLAND AVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

KIRBY, VICKI
725 PRIMERA BLVD.
#135
LAKE MARY, FL 32746 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: VICKI KIRBY

02/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KIRBY, VICKI
Address: 696 NORTH MAITLAND AVE.
City-St-Zip: MAITLAND, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KIRBY, VICKI
Address: 725 PRIMERA BLVD. #135
City-St-Zip: LAKE MARY, FL 32746

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: VICKI KIRBY

PRES

02/03/2006

Electronic Signature of Signing Officer or Director

Date