2006 FOR PROFIT CORPORATION

FILED *ANNUAL REPORT Mar 02, 2006 08:00 Al Secretary of State DOCUMENT # P03000076528 1. Entity Name CRIMINALSCREENING.COM, INC. Principal Place of Business Mailing Address 536 N WESTMORELAND DR STE 4 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805 ORLANDO, FL 32805 02232006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 91-2197669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JACKSON, DAVID 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE JACKSON, DAVID NAME STREET ADDRESS 536 N WESTMORELAND DR STE 4 CITY-ST-ZIP OAKLAND, FL 32805 TITLE 00000045#497 03/14/06-80024 003 150,00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the repetiver cytrustee 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 attact inferit with an address, with all other like empowered.

STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-246-1914