


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90031 003 ***150.00

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| DOCUMENT # P03000076528 |  |
| 1. Entity Name CRIMINALSCREENING.COM, INC. | |

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| Principal Place of Business 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805 | Mailing Address 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805 |
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40064674



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| 2. Principal Place of Business - No P.O. Box # 1026 W. Central Blvd | 3. Mailing Address 1026 W. Central Blvd. |
| Suite, Apt. #, etc. Ste. 100 | Suite, Apt. #, etc. Ste 100 |

04092008 Chg-P CR2E034 (12/06)

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| City & State Orlando, FL | City & State Orlando, FL |
| Zip 32805 | Zip 32805 |
| Country Orange | Country Orange |

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| 4. FEI Number 91-2197669 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent JACKSON, DAVID 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805 | |
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| 7. Name and Address of New Registered Agent Name Jackson, David Street Address (P.O. Box Number is Not Acceptable) 1026 W. Central Blvd Ste 100 City Orlando, FL Zip Code 32805 | |
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| 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 David Jackson DATE 4-9-08 | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO JACKSON, DAVID 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1026 W. Central Blvd. #100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando, FL 32805. Address only |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. 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 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: David Jackson | Date 4/9/08 Daytime Phone # 407-246-1914 |