

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

04-11-2008 90031 003 \*\*\*150.00

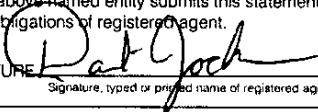
DOCUMENT # P03000076528		
1. Entity Name CRIMINALSCREENING.COM, INC.		

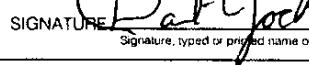
Principal Place of Business 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805	Mailing Address 536 N WESTMORELAND DR STE 4 ORLANDO, FL 32805
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2. Principal Place of Business - No P.O. Box # 1026 W. Central Blvd	3. Mailing Address 1026 W. Central Blvd.
Suite, Apt. #, etc. Ste. 100	Suite, Apt. #, etc. Ste 100
City & State Orlando, FL	City & State Orlando, FL
Zip 32805	Country Orange
Zip 32805	Country Orange

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.  	
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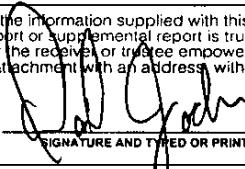
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4-9-08.

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	
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.
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
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
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

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40064674



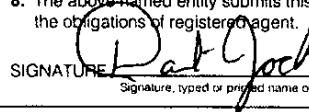
04092008 Chg-P CR2E034 (12/06)

4. FEI Number 91-2197669  Applied For  
 Not Applicable

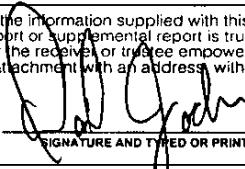
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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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4/9/08 407-246-1914  
Date Daytime Phone #