


## 02-09-2004 90036 015 \*\*\*150.00

<b>DOCUMENT # P03000079607</b>				02-09-2004 90036 015 ***150.00	
1. Entity Name <b>EXPERT WITNESS RECRUITING, INC.</b>					
Principal Place of Business <b>50 N LAURA STREET STE 2900 JACKSONVILLE, FL 32202</b>		Mailing Address <b>50 N LAURA STREET STE 2900 JACKSONVILLE, FL 32202</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
8. Name and Address of Current Registered Agent <b>MILAM &amp; HOWARD, P.A. 50 N LAURA STREET STE 2900 JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent <b>Milam Howard Nicandri Dees 3 Gilliam, P.A. (Same) City: <b>FL</b> Zip Code: <b>32202</b></b>			
9. 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. <b>Signature: <i>G. Alan Howard</i> G. Alan Howard, President 1-22-04</b> <small>Signature, typed or printed name of registered agent and State if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D PASS, DONNA. 50 N LAURA STREET STE 2900 JACKSONVILLE, FL 32202					
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Donna Pass</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3/6/04</b> (904) 269-7755 <small>Daytime Phone #</small>			