2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# P03000086717

Entity Name: ALAN SPRING INVESTIGATIVE CONSULTANTS, INC.

Current Principal Place of Business:

910 S. ELM AVE.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

910 S. ELM AVE.
SANFORD, FL 32771

New Mailing Address:

PO BOX 2955
SANFORD, FL 32772

FEI Number: 74-3101836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POOLE, WILLIAM F IV
195 WEKIVA SPRINGS RD.-204
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SPRING, ALAN M
Address: 910 S. ELM AVE.
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: SPRING, COLLEEN
Address: 910 S. ELM AVE.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: COLLEEN SPRING D 01/18/2008

Electronic Signature of Signing Officer or Director — Date