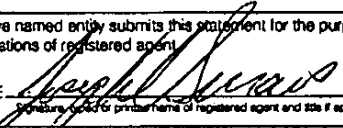
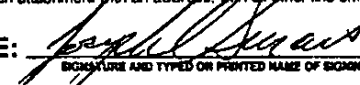


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90079 036 ***158.75
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SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133365			
1. Entity Name SHADOW INVESTIGATIVE SERVICES, INC.			
Principal Place of Business 101 N. COUNTRY CLUB RD SUITE 216 LAKE MARY, FL 32746		Mailing Address P O BOX 953185 LAKE MARY, FL 32795	
2. Principal Place of Business 1100 Lakeside Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, FL		City & State	
Zip 32773		Country USA	
4. FEI Number 57-1172385		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWHOUSE, NOAH A 1523 S PINERIDGE CIRCLE SANFORD, FL 32773		7. Name and Address of New Registered Agent Name: Joseph SERRAES Street Address (P.O. Box Number is Not Acceptable): 1100 Lakeside Drive City: Sanford FL Zip Code: 32773	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO SERRAES, JOSEPH A 166 LAKESIDE DRIVE SANFORD, FL 32773 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NEWHOUSE, NOAH A 1523 S PINERIDGE CIR SANFORD, FL 32773 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRIER, DAVID L 1023 LONG BRANCH LN OVIEDO, FL 32765 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(7)(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: 		Date: 6/14/05	