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SEC. OF STATE
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000133365

1. Entity Name
SHADOW INVESTIGATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
101 N. COUNTRY CLUB RD SUITE 216 LAKE MARY, FL 32746	P O BOX 953185 LAKE MARY, FL 32795

06182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1610 Lakeside Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, FL	City & State
Zip: 32773 Country: USA	Zip / Country

4. FEI Number: 57-1172385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWHOUSE, NOAH A 1523 S PINERIDGE CIRCLE SANFORD, FL 32773	Name: Joseph SERRaes Street Address (P.O. Box Number is Not Acceptable): 1610 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: Joseph Serraes
Signature required for printed name of registered agent and title if applicable. (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	PD SERRAES, JOSEPH A 166 LAKESIDE DRIVE SANFORD, FL 32773	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEWHOUSE, NOAH A 1523 S PINERIDGE CIR SANFORD, FL 32773	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRIER, DAVID L 1023 LONG BRANCH LN OVIEDO, FL 32765	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Joseph Serraes 6/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #