2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138918

1. Entity Name CONSUMER INVESTIGATIONS, INC.



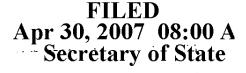
Principal Place of Business

Mailing Address

4524 GUN CLUB ROAD

2500 SPRINGDALE BLVD. #G-317 LAKE WORTH, FL 33461

211-D WEST PALM BEACH, FL 33415





DO NOT WRITE IN THIS SPACE

04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0430534

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QURESHI, ZAKIR H 2500 SPRINGDALE BLVD G-317 LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

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 Signature typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remaining) OATE						
		Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QURESHI, ZAKIR H 2500 SPRINGDALE BLVD. #G-317 LAKE WORTH, FL 33461			U00000742261 05/15/07~80060-024 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					#3/13/#fr=00#60-054 130*00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE						

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

URESH1 04/28/0

1561)714-433

Daytime Phone #