FILED Feb 16, 2006 8:00 am Secretary of State

ANNUAL REPORT													
OU INTENT # D040000000													

DOCUMENT # P0400030808 1. Entity Name FLEET SECURITY & INVESTIGATION SERVICES, INC.								02-16-2006	90032 03	7 ***150	.00
Principal Place of Business 3600 S. STATE RD. 7 (441) SUITE# 237 MIRAMAR, FL 33023 US		360 Sui Mir	Mailing Address 3600 S. STATE RD .7 (441) SUITE #237 MIRAMAR, FL 33023				11 12 15 10 10			?! 	
2. Principal P	Place of Busin	ess	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02022006	Chg-P	CR2E0	34 (11/05)		
City & State		Cit	y & State			4. FEI Number 20-0788810				plied For t Applicable	
Zip	Country			Zip Coun		5. Certificate of Status Desired				\$8.75 Add Fee Require	
	6. Name	and Address of Currer	it Register	red Agent	- Na	ime	. 7Name and	Address of New I	Registered	Agent	
FEARS, JAMES A II 3600 S STATE RD. 7 (441) SUITE# 237					Street Address (P.O. Box Number is Not Acceptable)						
MIRAMAR, FL 33023				Cit	у			FL	Zip Cod		
8. The above	named entity	y submits this statement	for the pur	pose of changing its r	registered off	ice or register	red agent, or bo	oth, in the State of F		familiar with,	and accept
SIGNATURE.	tions of regist	ered agent.									
	Signature, typed	or printed name of registered age	nt and title if a	opticable (NOTE:	; Registered Agent	t signature required	d when reinstating)		DATE		
FIL After M	E NOW!!! ay 1, 2006	FEE IS \$150.00 3 Fee will be \$550	.00	9. Election Campaig Trust Fund Contri		\$5. □ Adde	.00 May Be led to Fees				
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AN	D DIRECT	ORS	11.		ADDITIONS	L /CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	—				TITLE				-	Change	Addition
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TITLE	FEARS MONIONE F				TITLE					☐ Change	Addition
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CITY-ST-ZIP		This is a second of		HERL	CITY-ST-ZIF						
12. I hereby certify that the information supplied with this filling the filling 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 this report as equired 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 a state of the corporation or the receiver or trustee empowered to this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if											
indicated of the cor changed,	certify that the on this repor poration or the or on an atta	or information supplied with tor supplemental report to receiver or trustee employment with an address	is true and powered k with a	and that me are this reports empowered	y signature si	hall have the s y Chapter 607	same legal effect, Florida Statute	ct as if made under	oath; that I a ne appears i	ary that the in am an officer in Block 10 or	or director Block 11 if