

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067981 1. Entity Name AINSFORD INVESTIGATIVE SERVICES, INC.				FILED 05 SEP 20 PM 4: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2310 PIERCE STREET #5 HOLLYWOOD, FL 33020		Mailing Address 2310 PIERCE STREET #5 HOLLYWOOD, FL 33020			
2. Principal Place of Business 6845 LANDING DR Suite, Apt. #, etc. #209		3. Mailing Address 6845 LANDING DR Suite, Apt. #, etc. #209			
City & State LAUDERHILL FLORIDA Zip 33319 Country U.S.A		City & State LAUDERHILL FLORIDA Zip 33319 Country U.S.A			
4. FEI Number 201124060		Applied For <input type="checkbox"/> Not Applicable		09152005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JAMES, AINSFORD E 2310 PIERCE STREET #5 HOLLYWOOD, FL 33020			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 \$550.00 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>James Ainsford E</i> AINSFORD E JAMES 9/15/05 8549316483 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Ainsford Investigative Services , Inc.

6845 Landings Dr, #209
Lauderhill , Florida, 33319

September 15, 2005

Division of Corporation

P.O. Box 6198
Tallahassee, fl

To whom it may concern.

Re- Annual 2005 report for profit corporation document # P04000067981 , I am hereby notifying you that due to an error I sent report to Corporate Compliance Center, 400 Capital Circle, Suite 18-403 Tallahassee instead of your address. As a result I am submitting enclosed report to you along with (1) copy of letter received from Corporate compliance Center, ~~(2) copy of check #1044~~¹⁵ and ~~(2)~~¹⁵ copy of business information form sent to them and returned to me ; Note also that on prior application of Article of incorporation Article v. dated 04 /22/04 – Register Agents should be Ainsford instead of Aisford , this was an error in spelling made by me ; note also change of Business and mailing address . *(CHANGE MADE IN BOX 15)* .

AS A RESULT OF MY ERROR PLEASE WAIVER LATE FILING FEES.
If you have any questions, please contact Ainsford James at Business (954)486-9050 or cell (954) 931-6483. Thank you for your cooperation.

Sincerely,

