## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 10, 2007 08:00 Al Secretary of State **DOCUMENT # P04000101964** 1. Entity Name EXP INVESTIGATIVE, INC. Principal Place of Business Mailing Address 7945 RAMONA ST 7945 RAMONA ST MIRAMAR, FL 33023 MIRAMAR, FL 33023 CR2E034 (11/05) 03022007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0113306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SINGH, RAMESH M DO NOT WRITE 7945 RAMONA ST MIRAMAR, FL 33023 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** TITLE SINGH, RAMESH M STREET ADDRESS 7945 RAMONA ST U00000698976 CITY-ST-ZIP MIRAMAR, FL 33023 04/19/07-80024-807 150.00 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. Thereby 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 eath; 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/07

957 536-2086

Daytime Phone #