
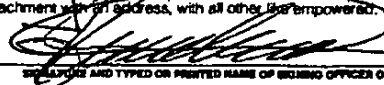


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

5/ **FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90982 049 \*\*\*158.75

<b>DOCUMENT # P04000126545</b>			
1. Entry Name <b>MAIN INTELLIGENCE INSTITUTE INC</b>			
Principal Place of Business <b>8178 N W 31 STREET MIAMI, FL 33122</b>		Mailing Address <b>8178 N W 31 STREET MIAMI, FL 33122</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-1583768</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CASTRO-URIBE, JUAN M 8585 N W 8 LANE #202 MIAMI, FL 33128</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO-URIBE, JUAN M 8178 N W 31 STREET MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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
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 reports 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 the empowered.			
SIGNATURE: 		Date: <b>04-28-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF BRIDGING OFFICER OR DIRECTOR		Date: <b>2005-06-17</b>	

TEL.