2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157199

City-St-Zip:

FEDERAL FAMILY//FRIEIGATION/OFR//IOFO INC

FILED Mar 26, 2007 Secretary of State

Entity Name: FEDERAL FAMILY VERIFICATION SERVICES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
29267 US F CLEARWA	HWY 19 N. TER, FL 3376	1 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
29267 US F CLEARWA	HWY 19 N. TER, FL 3376	1 US			
FEI Number:	20-1893609	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LYONS, GARY W 311 SOUTH MISSOURI AVE CLEARWATER, FL 33756 US			29267 UŚ HWY 19 N	WILLIAM, WILLINGHAM R 29267 US HWY 19 N CLEARWATER, FL 33761 US	
The above in the State	named entity s of Florida.	ubmits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: WILLIAM R. WILLINGHAM				03/26/2007	
	Electroni	c Signature of Registered Ag	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD () WILLINGHAM, V 29267 US HWY CLEARWATER,	19 NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () LUNDSFORD, M 29267 US HWY CLEARWATER,	19 NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	()	Delete	Title: CFO Name: JOHN, PEAR Address: 29267 US HV		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: CLEARWATER, FL 33764

SIGNATURE: JOHN PEAREN CFO 03/26/2007