2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000171293

Entity Name: UNITED SCHOOL OF INVESTIGATION, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	4 STREETS AMI, FL 33161				
Current Mailing Address:			New Mailir	New Mailing Address:	
	4 STREETS AMI, FL 33161				
FEI Number:	20-2049871	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
HONORE, JAMES 616 NE 124 STREETS NORTH MIAMI, FL 33161 US					
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	!E:				
	Electroni	c Signature of Registered Agen	t	Date	
Election Carr		(2)(b), F.S., the corporation did not Trust Fund Contribution (). 'ORS:	-	e. S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HONORE, JAME 616 NE 124 STR NORTH MIAMI, F	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () JEUDY, MARC E 616 NE 124 STR NORTH MIAMI, F	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () MILORD, SMITH 616 NE 124 STR NORTH MIAMI, F	EET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () CHARLES, PIER 616 NE 124 STR NORTH MIAMI, F	RE EET	Title: Name: Address: City-St-Zip:	T (X) Change () Addition PIERRE, HULDA 616 NE 124 STREET NORTH MIAMI, FL 33161	
Title: Name: Address: City-St-Zip:	D () SANON, CHRIST 616 NE 124 STR NORTH MIAMI, F	EET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PIERRE, CHARLES 616 NE 124 STREET NORTH MIAMI, FL 33161	
Title: Name: Address: City-St-Zip:	D (X) JEUNE, JOEL 616 NE 124 STR NORTH MIAMI, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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.

SIGNATURE: JAMES HONORE P 05/01/2006