## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000014648

Entity Name: MASS BUREAU INVESTIGATIONS, INC.

**FILED** Aug 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8710 W HILLSBOROUGH AVE 209

TAMPA, FL 33615

**New Mailing Address: Current Mailing Address:** 

8710 W. HILLSBOROUGH AVE

TAMPA, FL 33615

FEI Number: 51-0540221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORDON, JEFFREY L 101 EAST KENNEDY BOULEVARD 3170 TAMPA, FL 33602 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition HAMLETTE, FREDERICK MUJAHID, ABDULLAH A P Name: Name: 74 ORCHARDHILL ROAD 8710 W. HILLSBOROUGH AVE Address: Address: City-St-Zip: T, FL 33615

JAMAICA PLAIN, MA 02130 City-St-Zip:

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition Name: MUJAHID, ABDULLAH Name: MUJAHID. ABDULLAH A VP 5410 MARLWOOD COURT 8710 W. HILLSBOROUGH AVE Address: Address: TAMPA, FL 33624 TAMPA, FL 33615 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition CFO ( ) Delete CFO HAMLETTE, FREDERICK MUJAHID, SHON D CEO Name: Name: 74 ORCHARDHILL ROAD 8710 W HILLSBOROUGH AVE Address: Address:

City-St-Zip: JAMAICA PLAIN, MA 02130 City-St-Zip: TAMPA, FL 33615

Title: TRES () Delete Title: **TRES** (X) Change ( ) Addition HAMLETTE, FREDERICK ELLIS, LINDA TRES Name: Name: Address: 74 ORCHARDHILL ROAD Address: 101 E. KENNEDY BLVD #3170

City-St-Zip: JAMAICA PLAIN, MA 02130 City-St-Zip: TAMPA, FL 33602

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.

Ρ SIGNATURE: ABDULLAH A. MUJAHID 08/05/2006