## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED Jan 18, 2007 08:00 AM DOCUMENT # P05000099553 **Secretary of State** ALIAS PRIVATE INVESTIGATIONS, INC. Mailing Address Principal Place of Business P.O. BOX 266 12301 LYME STONE CT. NEW SMYRNA BEACH, FL 32170 NEW SMYRNA BEACH, FL 32168 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-2040276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENKINS, STEVEN L SR DO NOT WRITE 12301 LYME STONE CT. NEW SMYRNA BEACH, FL 32168 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and bits if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing 01/19/07-80011-002 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **DPTS** TITLE JENKINS, STEVEN L SR NAME 12301 LYME STONE CT. STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168 TITLE NAME STREET ADDRESS CUTY-ST-7(P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7(P TITLE

12. I hereby 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 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 like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

TEVEN C. JENKINS SR. 01/16/07 386/314/1526