



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90225 012 ***150.00

DOCUMENT # P05000101403 1. Entity Name FORECLOSURE FORENSICS, INC																													
Principal Place of Business 3510 BISCAYNE BLVD 203 MIAMI, FL 33137 US			Mailing Address 3510 BISCAYNE BLVD 203 MIAMI, FL 33137 US																										
2. Principal Place of Business 11214 PINES BLVD. Suite, Apt. #, etc. # 214 City & State PEMBROKE PINES FL. Zip 33026 Country BROWARD		3. Mailing Address 11214 PINES BLVD. Suite, Apt. #, etc. # 214 City & State PEMBROKE PINES, FL. Zip 33026 Country BROWARD																											
4. FEI Number 412202520				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04302006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent ERICKSON, CARL F III 11214 PINES BLVD 214 PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name CARL FREDERICK ERICKSON III Street Address (P.O. Box Number is Not Acceptable) 11214 PINES BLVD #214 PEMBROKE PINES, FL. City FL Zip Code 33026																										
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 <u>CARL ERICKSON</u> (NOTE: Registered Agent signature required when reinstating) <u>MAY 1, 2006</u> DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ERICKSON, CARL F III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11214 PINES BLVD, #214</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33026</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	ERICKSON, CARL F III		STREET ADDRESS	11214 PINES BLVD, #214		CITY-ST-ZIP	PEMBROKE PINES, FL 33026		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARL FREDERICK ERICKSON III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11214 PINES BLVD, #214</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FLORIDA 33026</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CARL FREDERICK ERICKSON III		STREET ADDRESS	11214 PINES BLVD, #214		CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33026	
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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: <u>CARL ERICKSON</u> <u>CARL FREDERICK ERICKSON III</u> <u>MAY 1, 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													