



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-03-2006 90099 038 ***158.75

DOCUMENT # P05000165350					
1. Entity Name BACKGROUND INFORMATION INC.					
Principal Place of Business PO BOX 3322 LONG BRANCH, NJ 07740 US			Mailing Address PO BOX 3322 LONG BRANCH, NJ 07740 US		
2. Principal Place of Business 333 17th ST Suite, Apt. #, etc. Suite 2R-3 City & State Vero Beach FL Zip 32960 Country Indian River		3. Mailing Address POB 7221 Suite, Apt. #, etc. City & State Vero Beach FL Zip 32961 Country Indian River			
4. FEI Number 20-398-0508				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent TAYLOR, RUSSELL 205 LINDA AVENUE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name <u>JAMES J MARKS</u> Street Address (P.O. Box Number is Not Acceptable) <u>4810 66th Lane</u> City <u>VERO BEACH</u> FL Zip Code <u>32967</u>		
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>[Signature]</u> <u>Director of Operations</u> <u>3-1-2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKS, JAMES PO BOX 3322 LONG BRANCH, NJ 07740	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marks, James POB 7221 VERO BEACH FL 32961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vero Beach FL 32961	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-1-06 772-562-9652</u> <small>Date Daytime Phone #</small>		