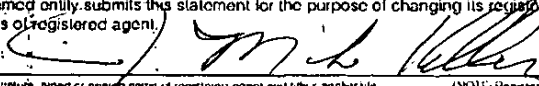
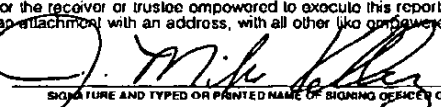


2007-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-16-2007 90023 025 ***150.00

DOCUMENT # P06000034077 1. Entity Name J. MIKE KELLEY INVESTIGATIVE SERVICES, INC.					
Principal Place of Business P.O. BOX 608082 ORLANDO FL 32860-8082			Mailing Address P.O. BOX 608082 ORLANDO FL 32860-8082		
2. Principal Place of Business - No P.O. Box # 1510 E. Colonial Dr. Suite, Apt. #, etc. Suite 212			3. Mailing Address P.O. Box 608082 Suite, Apt. #, etc.		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 51-0595072	
Zip 32803		Country ORANGE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROEN, HAL ESQ. 505 N. PARK AVE #205 WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when re-registering) 5-4-07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME KELLEY, J. MIKE		TITLE ☐ Delete		
STREET ADDRESS P.O. BOX 608082	CITY- ST- ZIP ORLANDO FL 32860-8082		NAME ☐ Change ☐ Addition		
TITLE D	NAME KELLY, JACLYN M		STREET ADDRESS ☐ Change ☐ Addition		
STREET ADDRESS P.O. BOX 608082	CITY- ST- ZIP ORLANDO FL 32860-8082		CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE D	NAME KELLEY, PAMELA A		STREET ADDRESS ☐ Change ☐ Addition		
STREET ADDRESS P.O. BOX 608082	CITY- ST- ZIP ORLANDO FL 32860-8082		CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE ☐ Delete	NAME ☐ Change ☐ Addition		STREET ADDRESS ☐ Change ☐ Addition		
STREET ADDRESS ☐ Delete	CITY- ST- ZIP ☐ Change ☐ Addition		CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE ☐ Delete	NAME ☐ Change ☐ Addition		STREET ADDRESS ☐ Change ☐ Addition		
STREET ADDRESS ☐ Delete	CITY- ST- ZIP ☐ Change ☐ Addition		CITY- ST- ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  J. Mike Kelley 4/30/07 407-893-9855 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					