

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086421

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: TRIGGERFISH CRIMINAL JUSTICE CONSULTING INC

## Current Principal Place of Business:

1931 NE 7TH COURT  
FORT LAUDERDALE, FL 33304

## New Principal Place of Business:

1931 NE 7TH COURT  
FORT LAUDERDALE, FL 33304 34

## Current Mailing Address:

1931 NE 7TH COURT  
FORT LAUDERDALE, FL 33304

## New Mailing Address:

FEI Number: 26-0622382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHECKMARK SERVICES INC  
3499 NE 12TH TERRACE  
OAKLAND PARK, FL 33334 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REESEY, ADRIANE PHD  
Address: 1931 NE 7TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP ( ) Delete  
Name: PERLEY, ANN  
Address: 1931 NE 7TH COURT  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MS ( ) Delete  
Name: SEIBERT, NIKKI  
Address: 635 SAVANNAH HWY  
City-St-Zip: CHARLESTON, SC 29407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ADRIANE P. REESEY

DR.

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date