

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124898

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: FULL PROOF INVESTIGATIONS, INC.

## Current Principal Place of Business:

2336 EAST OCEAN BLVD.  
#202  
STUART, FL 34996

## New Principal Place of Business:

## Current Mailing Address:

2336 EAST OCEAN BLVD,  
#202  
STUART, FL 34996

## New Mailing Address:

FEI Number: 26-1475103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORAN, KIM  
2336 SE EAST OCEAN BLVD.  
#202  
STUART, FL 34996 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: NVST ( ) Delete  
Name: DORAN, KIM  
Address: 2336 EAST OCEAN BLVD. #202  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIM DORAN

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03/11/2009

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

\_\_\_\_\_  
Date