## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 24, 2008 08:00 A Secretary of State

ANNUAL KEPURI					Secretary of St			
DOCUI	MENT # P930000746		3		Secreta	ily of St		
	STAR INVESTIGATIONS, INC	·						
Principal Place 234 ANNALIS MERRITT ISL		Mailing Address P. O. BOX 540422 MERRITT ISLAND, FL 32954	US		IB (4188 11111 BB14) BB411 BB	#   <b>                                    </b>	. 5814 1165811 & 1184	
DO NOT WRITE IN THIS SPA			CE	03192008 4. FEI Numb 59-320		CR2E034 (1		
6. Name and Address of Current Registered Agent SIROIS, TERRI G 234 ANNALISA PLACE MERRITT ISLAND, FL 32953				DO NOT WRITE IN THIS SPACE				
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 proted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ncing _ \$	5.00 May Be dded to Fees				
10. OFFICERS AND DIRECTORS			T		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIROIS, TERRI G 234 ANNALISA PLACE MERRITT ISLAND, FL 32953				U000 04/ <b>0</b> 8/0	00868030 8-80034-0	20 150.00	
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TITLE NAME STREET ADDRESS								

12. Thereby 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ri G. Sirois 03/12

Daytime Phone #