2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000031130

1. Entity Name
INVESTIGATIVE LEGAL SERVICES, INC.

Principal Place of Business	Mailing Address
100 EAST PINE STREET	P.O. BOX 3551
SUITE 205	ORLANDO, FL 32802 US
ORLANDO, FL 32801 US	

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3237370	Not Applicable

5. *Certificate of Status Desired*   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, SANDRA K
100 EAST PINE ST.
STE 205
ORLANDO, FL 32801

**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 _Sandra Kaye Eisenberg_   Sandra Kaye Eisenberg   *1-19-06*

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	EISENBERG, SANDRA K
STREET ADDRESS	100 EAST PINE ST STE205
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	
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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: _Sandra Kaye Eisenberg_ Sandra Kaye Eisenberg *1-19-06*   *407 426-7433*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #