


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT #P94000031290 1. Entity Name REED DETECTIVE AGENCY, INC.	
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Principal Place of Business 15130 SOUTHERN PALM WAY LOXAHATCHEE, FL 33470	Mailing Address 15130 SOUTHERN PALM WAY LOXAHATCHEE, FL 33470
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DO NOT WRITE IN THIS SPACE



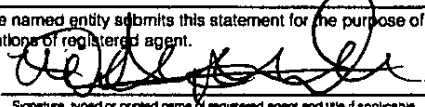
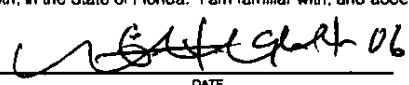
09042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3180103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REED, THOMAS 15130 SOUTHERN PALM WAY LOXAHATCHEE, FL 33470

**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:  (NOTE: Registered Agent signature required when reappointing)  DATE: 09/06/06

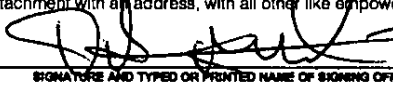
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, THOMAS 15130 SOUTHERN PALM WAY LOXAHATCHEE, FL 33470
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U000000576246
09/06/06-80003-010 550.00

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IN THIS SPACE**

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:  THOMAS H. REED 9-7-06 312 285 4186

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