

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90029 003 ***150.00

DOCUMENT # P94000042563 1. Entity Name JAMES & ASSOCIATES FORENSIC CONSULTANTS, INC.			
Principal Place of Business 441 S STATE RD 7 SUITE 15 MARGATE, FL 33068 US		Mailing Address 441 S STATE RD 7 SUITE 15 MARGATE, FL 33068 US	
2. Principal Place of Business 4800 SW 64 AVE #105 Suite, Apt. #, etc.		3. Mailing Address 4800 SW 64 AVE #105 Suite, Apt. #, etc.	
City & State FT. LAUD., FL Zip 33314 Country		City & State FT. LAUD., FL Zip 33314 Country	
4. FEI Number 65-0497741		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, STUART H 4800 SW 64 AVE 105 FT LAUDERDALE, FL 33314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, STUART H 4800 SW 64 AVE #105 FT LAUD, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 STUART H. JAMES <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/23/06 954-321-8700 <small>Date Daytime Phone #</small>	