

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000042563

1. Entity Name
JAMES & ASSOCIATES FORENSIC CONSULTANTS, INC.



Principal Place of Business
4800 SW 64TH AVE.
#105
MARGATE, FL 33068 US
Mailing Address
4800 SW 64TH AVE.
#105
MARGATE, FL 33068 US

2. Principal Place of Business - No P.O. Box #
1821 NW 36 ST

3. Mailing Address
1821 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OAKLAND PARK, FL

City & State
OAKLAND PARK, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

04142008 Chg-P CR2E034 (12/06)



4. FEI Number
65-0497741

Applied For
Not Applicable

5. Certificate of Status Desired \$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

Name

Street Address (P.O. Box Number is Not Acceptable)

1821 NW 36 ST

OAKLAND PARK, FL 33309

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: *Stuart H. James*

4/14/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$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	<input type="checkbox"/> Delete JAMES, STUART H 4800 SW 64 AVE #105 FT LAUD, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1821 NW 36 ST</i> <i>OAKLAND PARK, FL 33309</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 954-485-5904

Date

Daytime Phone #