2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000047418

Address:

4491 S STATE RD 7

City-St-Zip: FORT LAUDERDALE, FL 333144048

Entity Name: FORENSIC SUPPORT SERVICES, INC.

FILED Apr 10, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place o	New Principal Place of Business:	
4491 S ST PH ONE	ATE RD 7				
	JDERDALE, F	L 333144048			
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
4491 S ST PH ONE	ATE RD 7				
FORT LA	JDERDALE, F	L 333144048			
FEI Number	: 65-0500540	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent	: Name and Address of	Name and Address of New Registered Agent:	
PH ONE	ATE RD 7	L 333144048 US			
	e named entity e of Florida.	submits this statement for t	he purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LYNNE ROBÈI 4491 S STATE	*	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	ST (LYNNE, RHON) Delete DA	Title: (Name:) Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LYNNE PRES 04/10/2008