


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000Q73333	
1. Entity Name CRIME SCENES INC.	

Principal Place of Business 601 S FALKBURG RD #14-1&2 TAMPA, FL 33619 US	Mailing Address P.O. BOX 89398 TAMPA, FL 33689-0406 US
------------------------------------------------------------------------------------------------	----------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3451929	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

**POWELL, DAVID G
15625 GULF BLVD
REDINGTON BEACH, FL 33708**

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000128299 04/26/04-80032-018 150.00
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, DAVID 15625 GULF BLVD REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **813-6438831 4/16/04**

Daytime Phone #