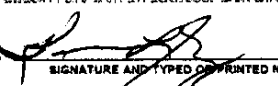


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000020388 1. Entity Name KLS FORENSICS INC.			FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 08 APR 28 AM 9:24
Principal Place of Business 2109 CLIFFS TRAIL TALLAHASSEE, FL 32309		Mailing Address 2109 CLIFFS TRAIL TALLAHASSEE, FL 32309	
DO NOT WRITE IN THIS SPACE		 03142008 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0653767		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMPSON, KAREN L 2109 CLIFF'S TRAIL TALLAHASSEE, FL 32309		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 _____ Signature, typed or printed name of registered agent or trustee is acceptable. (NOTE: Registered agent signature is not required when filing this report.)			
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		300126159333 04/28/08--01005--005 **150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PVTs SAMPSON, KAREN L 2109 CLIFF'S TRAIL TALLAHASSEE, FL 32309		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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 as changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE 		KAREN L. SAMPSON 3/20/08 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

950-219-9276 n
 212-8643