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	Mailing Address
2109 CLIFFS TRAIL TALLAHASSEE, FL 32309	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when adding new registered agent)

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

TITLE	PVTS
NAME	SAMPSON, KAREN L
STREET ADDRESS	2109 CLIFF'S TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300126159333
04/28/08--01005--005 **150.00

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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.

850-219-9276 or 212-8643

SIGNATURE: KAREN L. SAMPSON 3/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #