2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 All Secretary of State DOCUMENT # P96000075928 SPECIAL EYES DETECTIVE AGENCY, INC. Principal Place of Business Mailing Address 3908 W SAN LUIS ST P 0 BOX 13601 TAMPA, FL 33629 TAMPA, FL 33681 04262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3405124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DEATON, ANGELA 3908 W. SAN LUIS ST. TAMPA, FL 33629 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 Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9." Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE DEATON, ANGELA NAME STREET ADDRESS 3908 W SAN LUIS ST CITY-ST-ZIP TAMPA, FL 33629 000000741211 05/**15/**07-**90**021-008: **15**0: 00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY- ST-718 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all-other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

IDMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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