

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P97000059376		
1. Entity Name CRIMINAL SEXUALITY INVESTIGATION, INC.		
Principal Place of Business 1225 AMBRA DRIVE MELBOURNE, FL 32940-675	Mailing Address 1225 AMBRA DRIVE MELBOURNE, FL 32940-675	
DO NOT WRITE IN THIS SPACE		
		 04212006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3457687		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
POWERS, JAMES R 1225 AMBRA DRIVE MELBOURNE, FL 32940-675		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000551215 05/13/06-80088-021 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POWERS, JAMES R 1225 AMBRA DR MELBOURNE, FL 32940	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST POWERS, PHYLLIS T 1225 AMBRA DR MELBOURNE, FL 32940	
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		
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.		
SIGNATURE: <u>Phyllis T. Powers</u> <u>Phyllis T. Powers</u> <u>26 April 2006</u> <u>321/254-6489</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		