


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jun 22, 2006 08:00 A
Secretary of State

DOCUMENT # P97000090032 1. Entry Name PROPERTY LOCATOR SERVICES, INC.	
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Principal Place of Business
2800 N MILITARY TRAIL
#108
WEST PALM BEACH, FL 33409Mailing Address
2800 N MILITARY TRAIL
#108
WEST PALM BEACH, FL 33409

06202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0849750Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ADORNO, LISA
2800 N MILITARY TRAIL
#108
WEST PALM BEACH, FL 33409**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 and file if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 20069. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHOFIELD, LISA
STREET ADDRESS	2800 N MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
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	

U00000567511
06/22/06-80004-005 150.00**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/06

Date

Daytime Phone #

561-
615-0007