2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000039175

1. Entity Name
FRAUD & THEFT INFORMATION BUREAU, INC.

Principal Place of Business	Mailing Address
9778 S MILITARY TRL. #380 BOYNTON BEACH, FL 33436 US	P.O. BOX 400 BOYNTON BEACH, FL 33425 US

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2263430		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, LARRY
11271 GOLFRIDGE LANE
BOYNTON BEACH, FL 33437

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **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	DP
NAME	SCHWARTZ, LARRY
STREET ADDRESS	11271 GOLFRIDGE LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	DVP
NAME	SAX, PEARL
STREET ADDRESS	11271 GOLFRIDGE LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80074-009 150.00

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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.

SIGNATURE: _Larry Schwartz_   4/24/08   561-737-8700

LARRY SCHWARTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #