



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90026 031 \*\*\*150.00

<b>DOCUMENT # P98000071323</b> 1. Entity Name <b>ASSOCIATION OF FINANCIAL CRIME ANALYSTS, INC.</b>					
Principal Place of Business <b>BOCA CORPORATE CENTER 2101 CORPORATE BLVD, SUITE 415 BOCA RATON, FL 33431</b>			Mailing Address <b>BOCA CORPORATE CENTER 2101 CORPORATE BLVD, SUITE 415 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>777 South Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 902 West</b> City & State <b>West Palm Beach, Florida</b>		3. Mailing Address <b>777 South Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 902 West</b> City & State <b>West Palm Beach, Florida</b>			
Zip <b>33401</b>		Country <b>Palm Beach</b>		4. FEI Number <b>65-0857840</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SZYMONIAK, LYNN E BOCA CORPORATE CENTER 2101 CORPORATE BLVD, SUITE 415 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>777 South Flagler Drive</b> Suite 902 West City <b>West Palm Beach</b>		
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 <i>Lynn E. Szymoniak</i> <b>Lynn E. Szymoniak</b> <b>January 18, 2005</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SZYMONIAK, LYNN E</b> <b>2101 CORPORATE BLVD., STE. 415</b> <b>BOCA RATON, FL 33431</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b> <b>777 South Flager Drive, Ste. 902 West</b> <b>West Palm Beach, Florida 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Lynn E. Szymoniak</i> <b>Lynn E. Szymoniak</b>			<b>Jan. 18, 2005</b> <b>(561) 671-7505</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		