2006 FOR PROFIT CORPORATION FILED ANNUAL REPORT Jan 12, 2006 08:00 AM DOCUMENT # P98000093664 **Secretary of State** 1. Entity Name DRAGNET CREDIT & TENANT SCREENING, INC. Principal Place of Business Mailing Address PO BOX 731207 ORMOND BEACH, FL 32173-1207 595 N NOVA ROAD. SUITE 110 ORMOND BEACH, FL 32174 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0877757 5. Certificate of Status Desired

Name and Address of Current Registered Agent				
RICHARDS, DENNIS 595 N. NOVA RD. SUITE 111 ORMOND BEACH, FL 32174			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: Signature in the state of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent agreement when rensessing) DATE				
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		****
HITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, DENNIS PO BOX 730011 ORMOND BEACH, FL 32173			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000383859 01/13/06-80019-002 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			in	THIS SPACE
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12. I hereby certify that the information supplied with this filing effect not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied white report is true and fact 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 of trustee empowered, 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 attachpern with an address, with all other like empowered.				

RE MIN TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Fee Required

Not Applicable