## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 23, 2007 08:00 A Secretary of State

| DOCUMENT # P98000094271  1. Entity Name A.J.M. INVESTIGATIONS, INC.                             |   |   |   | Secretary of Sta   |  |  |  |
|---|---|---|---|--|--|--|--|
| 5028 W. DIC   | rincipal Place of Business Mailing Address  O28 W. DICKENS AVE.  AMPA, FL 33629  Mailing Address  5028 W. DICKENS AVE.  TAMPA, FL 33629   |   |   | ]<br> <br>   | <b>1</b> 13181 1810 <b>181</b> 16 <b>18</b> 12 <b>18</b> 1           | )  <b>                                    </b>                 | 1110 8110 II VIV   |
| DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent                     |   |   |   | 04202007 No Chg-P CR2E034 (11/05)  4. FEI Number           |  |  |  |
|   | ONALD A JR.<br>USH STREET SUITE 200   | DO NOT WRITE<br>IN THIS SPACE   |   |  |  |  |  |
| the obligate SIGNATURE.   | named entity submits this statement for the lions of registered agent.  Signature, typed or printed name of registered agent and title  E NOW!!! FEE IS \$150.00  ay 1, 2007 Fee will be \$550.00 |   | d Agent aignature required                                      |  | th, in the State of Flo  | orida. I am familie<br>DATE                                    | ar with, and accept  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                 | OFFICERS AND DIRE  D  MCROBERTS, ALBERT J  5028 W. DICKENS AVE.  TAMPA, FL 33629  | CTORS   |   |  |  | )00072608<br>/07-80048   | 3<br>-019 150.00   |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP |   |   | DO NOT WRITE<br>IN THIS SPACE                                   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                     |   |   |   |  |  |  |  |
|   | Certify that the information supplied with this on this report or supplemental report is true portation or the regel leg corrustee empowers, or on an attachybra with a Paddress, with a          | filing does not qualify for the ext<br>and accurate and that my signal<br>do to execute this report as requi<br>all other like empowered. | emptions contained<br>ture shall have the<br>red by Chapter 607 | d in Chapter 119<br>same legal effec<br>7, Florida Statute | 3. Florida Statutes. I<br>ot as if made under<br>es; and that my nam | further certify the<br>path; that I am an<br>e appears in Bloc | at the information<br>officer or director<br>k 10 or Block 11 if |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Deter Designing Description #