


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000055718</b>	
1. Entity Name <b>THE FLORIDA INSTITUTE OF CRIMINAL JUSTICE RESOURCES INC.</b>	

Principal Place of Business <b>3730 SUTOR COURT TALLAHASSEE, FL 32311</b>	Mailing Address <b>3730 SUTOR COURT TALLAHASSEE, FL 32311</b>
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DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3583723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**JORDAN, DAX A  
3730 SUTOR COURT  
TALLAHASSEE, FL 32311**

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]* (NOTE: Registered Agent signature required when reinstating) DATE 05/01/07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>	<b>U00000755218 05/22/07-80092-014 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">DO NOT WRITE IN THIS SPACE</p>
NAME <b>JORDAN, DAX</b>	
STREET ADDRESS <b>3730 SUTOR COURT</b>	
CITY-ST-ZIP <b>TALLAHASSEE, FL 32311</b>	
TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>NAME</b>	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* DATE 05/01/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR