2005 FOR PROFIT CORPORATION

FILED Apr 18, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000082195 INTENSE INVESTIGATIONS, INC. Principal Place of Business Mailing Address 11481 TARA DR 11481 TARA DR FORT LAUDERDALE, FL 33325 FORT LAUDERDALE, FL 33325 No Chg-P CR2E034 (10/03) 04132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0948966 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PASSARIELLO, JOHN 6466 NW 5TH WAY FT. LAUDERDALE, FL 33309 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U4/18/05-95089-019 150.00 UNDERWOOD, JEFFERY NAME 11481 TARA DR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33325 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE

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 atta

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #