


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # V05489 1. Entity Name MOBILE EXECUTIVE FORENSICS ASSOCIATION, INC.	
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Principal Place of Business 4062 BAHIA ISLE CR WELLINGTON, FL 33467 US	Mailing Address 4062 BAHIA ISLE CR SUITE 101 WELLINGTON, FL 33467 US
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04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3107890	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNICKERBOCKER, ROBERT C. 4062 BAHIA ISLE CR. WELLINGTON, FL 33467	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, ROBERT C 4062 BAHIA ISLE CR. WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ELLEN 4062 BAHIA ISLE DR. WELLINGTON, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/15/04-80055-006 150.00

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: Ellen Davis ELLEN DAVIS 4-12-04 561-784-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #