

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # F97000006771 1. Entity Name INSPECTORATE AMERICA CORPORATION	
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Principal Place of Business 12000 AEROSPACE AVE. SUITE 200 HOUSTON, TX 77034	Mailing Address 12000 AEROSPACE AVE. SUITE 200 HOUSTON, TX 77034
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04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1956968	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGURIES, EVELYN J
9942 CURRIE DAVIS DR.
SUITE F
TAMPA, FL 33619

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOPKINS, NEIL A 12000 AEROSPACE AVE., SUITE 200 HOUSTON, TX 77034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT CRISTADORO, HAROLD F 12000 AEROSPACE AVE., SUITE 200 HOUSTON, TX 77034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BENTON, BARRY 12000 AEROSPACE AVE., SUITE 200 HOUSTON, TX 77034
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05/15/06-80015-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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 full power to be empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/06
Date

713-944-2000
Daytime Phone #