2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 A Secretary of State **DOCUMENT # P00000111687** 1. Entity Name WINTER INSPECTION SERVICES, INC. Principal Place of Business Mailing Address 1300 SW 15TH ST 1300 SW 15TH ST BOCA RATON, FL 33486 BOCA RATON, FL 33486 CR2E034 (11/05) 04302007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1063055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired and the state of t 6. Name and Address of Current Registered Agent WINTER, JEFFREY F DO NOT WRITE 1300 SW 15TH ST BOCA RATON, FL 33486 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 9. Election Campaign Financing 10.1 \$5.00 May Be U00000754307 FILE NOW!!! FEE IS \$150.00 - Trust Fund Contribution. -Added to Fees After May 1,"2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPT TITLE WINTER, JEFFREY F NAME 1300 SW 15TH ST STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 DVS TITLE WINTER, CYNTHIA A NAME STREET ADDRESS 1300 SW 15TH ST CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ... STREET ADDRESS CITY-ST-ZIP TITLE NAME 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: SIGNATURE IN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proper & Dayling Proper &