

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095838

FILED
May 16, 2005
Secretary of State

Entity Name: INFRARED THERMOGRAPHIC INSPECTIONS, INC.

Current Principal Place of Business:

415 SULLIVAN STREET NW
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

415 SULLIVAN STREET NW
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3758711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, BARBARA
415 SULLIVAN STREET NW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEVENSON, ROBERT
Address: 415 SULLIVAN STREET NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: BLACKBURN, BARBARA
Address: 415 SULLIVAN STREET NW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: ATKINSON, MARILYN J SEC
Address: 5229 SARDOU ROAD
City-St-Zip: WILMINGTON, NC 28412 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BLACKBURN

D

05/16/2005

Electronic Signature of Signing Officer or Director

_____ Date