

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095838

FILED  
Apr 14, 2009  
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:**

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

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: BARBARA BLACKBURN

04/14/2009

Electronic Signature of Registered Agent

Date

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: D (X) Change ( ) Addition  
Name: STEVENSON, ROBERT L PRES  
Address: 415 SULLIVAN STREET NW  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Change ( ) Addition  
Name: BLACKBURN, BARBARA J VP  
Address: 415 SULLIVAN STREET NW  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

VP

04/14/2009

Electronic Signature of Signing Officer or Director

Date