


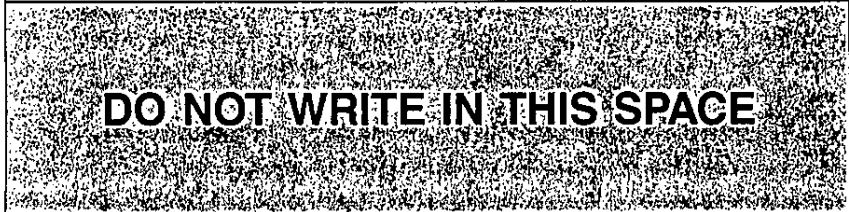

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S63941**  
 1. Entity Name  
 HOME INSPECTIONS OF U.S.A. FLORIDA DIVISION, INC.



Principal Place of Business      Mailing Address  
 C/O BATSEL, MCKINLEY AND ITTERSAGEN P.A.      C/O BATSEL, MCKINLEY AND ITTERSAGEN P.A.  
 189 ANNAPOLIS LANE      189 ANNAPOLIS LANE  
 ROTONDA WEST, FL 33947      ROTONDA WEST, FL 33947

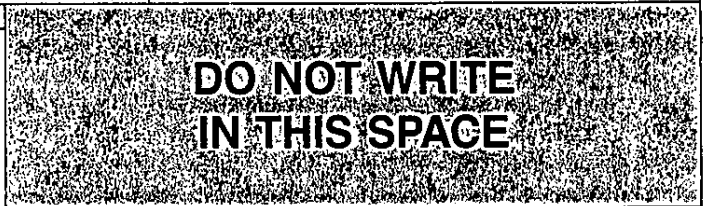



02282007    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0270122	Applied For
	Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GUNDERSON, MIKO P.  
 1861 PLACIDA ROAD  
 SUITE 104  
 ENGLEWOOD, FL 34223



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.

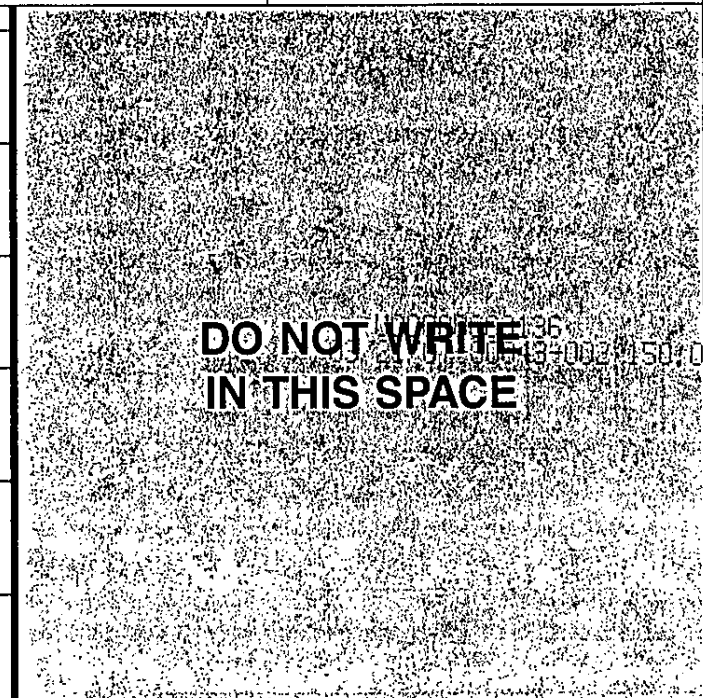
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D PELTON, DONALD L. 189 ANNAPOLIS LANE ROTONDA WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELTON, LINDA M. 189 ANNAPOLIS LANE ROTONDA WEST, FL
TITLE NAME STREET ADDRESS 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: Linda M Pelton, V. Pres/Sec.      3/9/07      941-697-3750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #