2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 434494

Entity Name: PROFESSIONAL INSPECTION ENTERPRISES, INC.

Current Principal Place of Business:

P.O. BOX 274
NICEVILLE, FL 32588

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 274
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 59-1524352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCULLEN, BEVERLY A
1950 WOODCREST RIDGE RD.
FORT WALTON BEACH, FL 32547 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCULLEN, BEVERLY A,
Address: 1950 WOODCREST RIDGE RD.
City-St-Zip: FT. WALTON BEACH, FL

Title: V ( ) Delete
Name: MCCULLEN, BRUCE R.,
Address: 3250 DOWNS COVE RD
City-St-Zip: WINDERMERE, FL 34786

Title: ST ( ) Delete
Name: STONE, KATHI M,
Address: 1619 18TH STREET
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCCULLEN, BEVERLY A,
Address: 1950 WOODCREST RIDGE RD.
City-St-Zip: FT. WALTON BEACH, FL 32547

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

Title: ST (X) Change ( ) Addition
Name: STONE, KATHI M,
Address: 1619 18TH STREET
City-St-Zip: NICEVILLE, FL 32578

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: KATHI M. STONE ST 04/26/2005

Electronic Signature of Signing Officer or Director — Date