

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002107

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** AMERICAN HOME INSPECTORS TRAINING INSTITUTE, LTD. INC.

**Current Principal Place of Business:**

14100 W. CLEVELAND AVENUE, 2ND FL  
NEW BERLIN, WI 53151

**New Principal Place of Business:**

**Current Mailing Address:**

14100 W. CLEVELAND AVENUE, 2ND FL  
NEW BERLIN, WI 53151

**New Mailing Address:**

**FEI Number:** 39-1761365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWCOMER, ROY  
21567 BERWICH RUN  
ESTERO, FL 33928 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: C ( ) Delete  
Name: NEWCOMER, ROY  
Address: 21567 BERWICH RUN  
City-St-Zip: ESTERO, FL 33928

Title: VCP ( ) Delete  
Name: NEWCOMER, SCOTT  
Address: 1450 VICTORIA CIRCLE NORTH  
City-St-Zip: ELM GROVE, WI 54521

Title: DVPS (X) Delete  
Name: NEWCOMER, MARK  
Address: W238 N 3293 HIGH MEADOW CT  
City-St-Zip: PEWAUKEE, WI 53072

Title: COO (X) Delete  
Name: ORTH, RANDY  
Address: N52 W21394 TAYLOR WOOD DR  
City-St-Zip: MENOMONEE FALLS, WI 53057

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: NEWCOMER, MARK  
Address: W238 N3293 HIGH MEADOW COURT  
City-St-Zip: PEWAUKEE, WI 53072

Title: COO (X) Change ( ) Addition  
Name: ORTH, RANDY  
Address: N52 W21394 TAYLOR WOOD DRIVE  
City-St-Zip: MENOMONEE FALLS, WI 53057

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 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: MARK NEWCOMER

PRES

04/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date