

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90089 020 \*\*\*150.00

00013033

<b>DOCUMENT # F04000002107</b> 1. Entity Name <b>AMERICAN HOME INSPECTORS TRAINING INSTITUTE, LTD. INC.</b>			
Principal Place of Business <b>14100 W. CLEVELAND AVENUE, 2ND FL NEW BERLIN, WI 53151</b>		Mailing Address <b>14100 W. CLEVELAND AVENUE, 2ND FL NEW BERLIN, WI 53151</b>	
2. Principal Place of Business - No P.O. Box # <b>N19 W24075 Riverwood</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Waukesha, WI</b> Zip <b>53188</b> Country <b>USA</b>		3. Mailing Address <b>N19 W24075 Riverwood</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Waukesha, WI</b> Zip <b>53188</b> Country <b>USA</b>	
4. FEI Number <b>39-1761365</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>NEWCOMER, ROY 21567 BERWICH RUN ESTERO, FL 33928</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES NEWCOMER, MARK W238 N3293 HIGH MEADOW COURT PEWAUKEE, WI 53072	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO ORTH, RANDY N52 W21394 TAYLOR WOOD DRIVE MENOMONEE FALLS, WI 53057	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Mark Newcomer</u>		<u>Mark Newcomer 5/4/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	