

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004928

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** AAA QUALITY HOME INSPECTIONS, INC.

**Current Principal Place of Business:**

14316 DAIRYDALE RD.  
BALDWIN, MD 21013

**New Principal Place of Business:**

4226 SOUTHFIELD DRIVE  
BALTIMORE, MD 21236

**Current Mailing Address:**

387 N W SHEFFIELD CIRCLE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 20-0744981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNS, B. RODNEY  
387 NW SHEFFIELD CIR.  
PORT ST. LUCIE, FL 34983 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

**OFFICERS AND DIRECTORS:**

**Title:** PCT  
**Name:** BURNS, B. RODNEY  
**Address:** 387 NW SHEFFIELD CIRCLE  
**City-St-Zip:** PORT ST LUCIE, FL 34983

**Title:** WVC  
**Name:** GRACE, SHERRY  
**Address:** 4226 SOUTHFIELD DR.  
**City-St-Zip:** BALTIMORE, MD 21236

**Title:** S  
**Name:** BURNS, LINDA H  
**Address:** 387 NW SHEFFIELD CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

I hereby 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 all other like empowered.

**SIGNATURE:** B. RODNEY BURNS

PCT

01/10/2011

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

\_\_\_\_\_  
Date