


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F53615</b>	
1. Entity Name <b>NATIONAL INSPECTION AND CONSULTANTS, INC.</b>	

Principal Place of Business <b>9911 BAVARIA RD FORT MYERS, FL 33913-8510 US</b>	Mailing Address <b>9911 BAVARIA RD FORT MYERS, FL 33913-8510 US</b>
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2134161</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VIGNE, ROBERT A 9911 BAVARIA RD FORT MYERS, FL 33913-8510</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIGNE, ROBERT A 9911 BAVARIA RD FORT MYERS, FL 339138510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHIELDS, JOHN C 9911 BAVARIA RD FORT MYERS, FL 339138510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIGNE, DAVID J 9911 BAVARIA RD FORT MYERS, FL 339138510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIGNE, RICHARD U 9911 BAVARIA RD FORT MYERS, FL 339138510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80012-007 158.75

**DO NOT WRITE IN THIS SPACE**

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 reports 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:**  **Robert A. Vigne** ✓  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #