2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# F94000002216

Entity Name: INDEPENDENT INSPECTIONS, LTD., INC.

Current Principal Place of Business:

W241 S4135 PINE HOLLOW CT
WAUKESHA, WI 53189

New Principal Place of Business:

Current Mailing Address:

W241 S4135 PINE HOLLOW CT
WAUKESHA, WI 53189

New Mailing Address:

FEI Number: 39-1584023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELACY, THOMAS E
4600 D ENTERPRISE AVE
NAPLES, FL 34304 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: PTSD ( ) Delete
Name: DELACY, THOMAS E
Address: 222 JOELLEN DRIVE
City-St-Zip: WAUKESHA, WI 53188

Title: D (X) Delete
Name: FIELD, DEAN A
Address: 101D E. SUTTON PL.
City-St-Zip: WAUKESHA, WI

Title: VPD ( ) Delete
Name: WATT, CONNIE L
Address: W225 N2863 FOXWOOD LANE
City-St-Zip: PEWAUKEE, WI 53072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: DELACY, THOMAS E
Address: S60 W24320 RED WING DRIVE
City-St-Zip: WAUKESHA, WI 53189

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

Title: VPD (X) Change ( ) Addition
Name: WATT, CONNIE L
Address: W263 N2807 COACHMAN DRIVE
City-St-Zip: PEWAUKEE, WI 53072

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: THOMAS E DE LACY PTSD 02/15/2005

Electronic Signature of Signing Officer or Director — Date